Postage Stamp

Appendix I

Clinical Questionnaire V.0.1

General Information

126(25). What Year were you born?
true

125(27). What is your gender?
true

○ **Male** ○ **Female**

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Health Insurance Info.

1012(15). Do you have health insurance?
true

○ Yes ○ No

129(32). Do you have a primary care physician (PCP)?
true

○ Yes ○ No

134(33). Do you see a specialist?
*1012=='Yes'

○ Yes ○ No

CONTINUE ► ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Chief Complaint

143(1). Are you currently being professionally treated for an illness or symptom?
`true`

○ Yes ○ No

144(12). What is the one complaint which bothers you the most?
`false||(*143=='Yes')`

145(13). When did the first symptom appear that led you to a doctor?
`*143=='Yes'`

146(14). How long have you been visiting a doctor to manage this problem?
`*143=='Yes'`

153(15). When was your last visit regarding this problem?
`*143=='Yes'`

625(17). How are you being managed for this problem?
`*143=='Yes'`

○ medical device(s) ○ medical procedure(s) ○ medication(s) ○ other

147(21). As you understand it, what is your diagnosis?
`false||(*143=='Yes')`

154(22). Do you think that the diagnosis of your illness is correct?
`false||(*143=='Yes')`

○ Yes ○ No ○ I do not know

156(26). Have you asked another doctor for their opinion on your diagnosis or treatment?
`(*143=='Yes')`

○ Yes ○ No

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168(27). Did it agree with your regular doctor?
(*156=='Yes')

○ Yes ○ No

CONTINUE ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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General Health

158(1). Please chose one that describes your overall health:
true

○ Excellent ○ Good ○ Fair ○ Poor

159(3). Have you lost weight?
true

○ Yes ○ No

265(5). Have you gained weight over the last two months?
(*159=='No')

○ Yes ○ No

2272(6). How severe is your weight gain?
(*265=='Yes')

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

2273(8). How would you describe your weight gain over the last month?
(*265=='Yes')

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

2274(9). Have you been seen by a health care professional or taken medication for your weight gain in the past six months?
(*265=='Yes')

○ Yes, I have seen a physician ○ Yes, I have seen a nurse or physicians assistant ○ Yes, I have seen a chiropractor or acupuncturist ○ No, I have not seen a health care professional ○ Yes, I have taken medication ○ No, I have not taken medication

1102(10). How much weight have you gained?
false||(*265=='Yes')

○ less than 5 pounds ○ 5 to 10 pounds ○ 11 to 20 pounds ○ more than 20 pounds

2269(11). How severe is your weight loss?
(*159=='Yes')

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

2270(12). How would you describe your weight loss over the last month?
(*159=='Yes')

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

2271(13). Have you been seen by a health care professional or taken medication for your weight loss in the past six months?
(*159=='Yes')

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

160(14). How much do you usually weigh?
false||(*159=='Yes')

○ Less than 100 pounds ○ 101 to 130 pounds ○ 131 to 160 pounds ○ 161 to 190 pounds ○ more than 191 pounds

169(15). Have you lost a substantial amount of weight over the last two months that was unexpected?
(*159=='Yes')

○ Yes ○ No

170(16). How much weight did you lose?
*169=='Yes'

○ less than 5 pounds ○ 5 to 10 pounds ○ 11 to 20 pounds ○ more than 20 pounds

161(17). Do you have a decrease in appetite and generally eat less food?
*159=='Yes'

○ Yes ○ No

162(18). Have you noticed that you eat more food than usual?
*161=='No'

○ Yes ○ No

163(19). Do you drink more fluids and go to the bathroom more often?
*162=='Yes'

○ Yes ○ No

164(23). Do you feel nervous?
*162=='Yes'

○ Yes ○ No

1030(24). Have you noticed that you have lost more hair than usual?

*164=='Yes'

○ Yes ○ No

1029(25). Do you generally sweat more often than you used to?
*164=='Yes'

○ Yes ○ No

1031(28). Do you have crampy pain in your lower abdomen?
*162=='Yes'

○ Yes ○ No

1032(29). Do you have greasy stool?
*1031=='Yes'

○ Yes ○ No

166(31). Do you feel tired?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2389(32). How often has your tiredness been a problem for you in the last month?
member('Yes, in the past 6 months',*166)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

2275(33). How severe is your tiredness?
member('Yes, in the past 6 months',*166)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

2276(34). How would you describe your tiredness over the last month?
member('Yes, in the past 6 months',*166)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

2277(35). Have you been seen by a health care professional or taken medication for your tiredness in the past 6 months?
member('Yes, in the past 6 months',*166)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2591(36). Did you undergo a medical procedure or an operation for your tiredness in the last 6 months?

member('Yes, I have seen a physician',*2277)||member('Yes, I have seen a nurse or physicians assistant',*2277)||member('Yes, I have seen a chiropractor or acupuncturist',*2277)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

167(37). Do you have difficulty maintaining routine activities because you don't have enough energy?
((*2389=='All Days')||(*2389=='Most Days')||(*2389=='Some Days')||(*2389=='Few Days'))

○ Yes ○ No

172(41). Have you had recurring fatigue which is unrelated to any activity and does not improve with rest?
((*2389=='All Days')||(*2389=='Most Days')||(*2389=='Some Days')||(*2389=='Few Days'))

○ Yes ○ No

175(44). Has the fatigue caused you to decrease your level of educational activity?
*172=='Yes'

○ Yes ○ No

174(46). Has the fatigue caused you to decrease your level of occupational activity?
*172=='Yes'

○ Yes ○ No

176(47). Has the fatigue caused you to decrease your level of social activity?
*172=='Yes'

○ Yes ○ No

177(48). Have you noticed a decrease in your ability to concentrate over the last 6 months?
*172=='Yes'

○ Yes ○ No

178(49). Have you had a recurrent sore throat over the past 6 months?
*172=='Yes'

○ Yes ○ No

179(50). Have you had recurrent episodes of muscle pain over the last 6 months?
*172=='Yes'

○ Yes ○ No

180(51). Have you had recurrent episodes of pain in many joints without swelling?
*172=='Yes'

○ Yes ○ No

181(52). Have you had recurrent headaches which are more severe than usual?

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*172=='Yes'

O Yes O No

182(53). Have you had recurrent episodes of waking up in the morning feeling "unrefreshed?"
*172=='Yes'

O Yes O No

183(54). Have you had multiple episodes of not feeling well after exertion which lasts for more than 24 hours?
*172=='Yes'

O Yes O No

184(55). Do you notice tender "bumps" under your arms or neck which come and go?
*172=='Yes'

O Yes O No

188(57). Do you look pale?
((*2389=='All Days')||(*2389=='Most Days')||(*2389=='Some Days')||(*2389=='Few Days'))

O Yes O No

187(58). Do you have shortness of breath?
((*2389=='All Days')||(*2389=='Most Days')||(*2389=='Some Days')||(*2389=='Few Days'))

O Yes O No

10835(60). Do you generally have palpitations?
((*2389=='All Days')||(*2389=='Most Days')||(*2389=='Some Days')||(*2389=='Few Days'))

O Yes O No

1408(63). Do you feel faint?
((*2389=='All Days')||(*2389=='Most Days')||(*2389=='Some Days')||(*2389=='Few Days'))

O Yes O No

2449(64). Have you been seen by a health care professional or taken medication for your tiredness in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*166)||member('Yes, more than 5 years ago',*166)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2506(65). Did you undergo a medical procedure or an operation for your tiredness in the past, but not in the

last 6 months?

member('Yes, I have seen a physician',*2449)||member('Yes, I have seen a nurse or physicians assistant',*2449)||member('Yes, I have seen a chiropractor or acupuncturist',*2449)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4379(66). Has tiredness been a problem for someone in your family in the past?

member('Yes, in the past 6 months', *166)||member('Yes, during a period, 6 months to 5 years ago', *166)||member('Yes, more than 5 years ago', *166)||member('Never', *166)

○ Yes ○ No

4380(67). Please identify who in your family has had a problem with tiredness or a similar diagnosis:

*4379=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

189(68). Do you have fever?

true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2390(70). How often has a fever been a problem for you in the last month?

member('Yes, in the past 6 months',*189)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

2278(71). How severe is your fever?

member('Yes, in the past 6 months',*189)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

2279(72). How would you describe the fever over the past month?

member('Yes, in the past 6 months',*189)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

2280(73). Have you been seen by a health care professional or taken medication for a fever in the past 6 months?

member('Yes, in the past 6 months',*189)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2577(74). Did you undergo a medical procedure or an operation for a fever in the last 6 months?

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```
member('Yes, I have seen a physician',*2280)||member('Yes, I have seen a nurse or physicians
assistant',*2280)||member('Yes, I have seen a chiropractor or acupuncturist',*2280)
```

☐ **Yes, I underwent a medical procedure** ☐ **Yes, I underwent an operation** ☐ **No**

1034(75). Do you cough up phlegm?

```
((*2390=='All Days')||(*2390=='Most Days')||(*2390=='Some Days')||(*2390=='Few Days'))
```

○ **Yes** ○ **No**

1033(76). What color is the phlegm?

```
*1034=='Yes'
```

○ **brown** ○ **greenish** ○ **yellow** ○ **clear** ○ **bloody** ○ **other**

191(77). Do you have shortness of breath at rest?

```
*1034=='Yes'
```

○ **Yes** ○ **No**

192(79). Do you have general aches and pains?

```
((*2390=='All Days')||(*2390=='Most Days')||(*2390=='Some Days')||(*2390=='Few Days'))
```

○ **Yes** ○ **No**

2655(80). Do you generally have headaches?

```
*192=='Yes'
```

○ **Yes** ○ **No**

194(82). Do you have a runny nose?

```
*192=='Yes'
```

○ **Yes** ○ **No**

195(83). Do you have pain in the lower part of your back?

```
(*2390=='All Days')||(*2390=='Most Days')||(*2390=='Some Days')||(*2390=='Few Days')
```

○ **Yes** ○ **No**

196(84). Do you have cloudy urine?

```
*195=='Yes'
```

○ **Yes** ○ **No**

197(85). Do you urinate more frequently than usual?

```
*195=='Yes'
```

○ **Yes** ○ **No**

198(86). Is it painful to urinate?

redacted

*195=='Yes'

○ Yes ○ No

2450(87). Have you been seen by a health care professional or taken medication for a fever in the past, but not in the last 6 months?

member('Yes, during a period, 6 months to 5 years ago',*189)||member('Yes, more than 5 years ago',*189)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2505(88). Did you undergo a medical procedure or an operation for a fever in the past, but not in the last 6 months?

member('Yes, I have seen a physician',*2450)||member('Yes, I have seen a nurse or physicians assistant',*2450)||member('Yes, I have seen a chiropractor or acupuncturist',*2450)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4355(89). Has fever been a problem for someone in your family in the past?

member('Yes, in the past 6 months', *189)||member('Yes, during a period, 6 months to 5 years ago', *189)||member('Yes, more than 5 years ago', *189)||member('Never', *189)

○ Yes ○ No

4356(90). Please identify who in your family has had a problem with fever or a similar diagnosis:

*4355=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

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Feedback

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Head and Neck

199(3). Do you have headaches?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2289(4). How often have your headaches been a problem for you in the last month?
member('Yes, in the past 6 months',*199)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1288(5). How severe is your headache?
member('Yes, in the past 6 months',*199)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1289(6). How would you describe your headaches over the last month?
member('Yes, in the past 6 months',*199)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1429(8). Have you been seen by a health care professional or taken medication for headaches in the past 6 months?
member('Yes, in the past 6 months',*199)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2578(9). Did you undergo a medical procedure or an operation for headaches in the last 6 months?
member('Yes, I have seen a physician',*1429)||member('Yes, I have seen a nurse or physicians assistant',*1429)||member('Yes, I have seen a chiropractor or acupuncturist',*1429)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

200(10). How long does your headache last?
(*2289=='All Days'||*2289=='Most Days'||*2289=='Some Days')&&(*1288=='Extremely severe'||*1288=='Moderately severe')&&(*1289=='This is a new problem'||*1289=='It is getting worse'||*1289=='No change')

○ 5 to 10 minutes ○ 11 to 60 minutes ○ 1 to 2 hours ○ more than 2 hours

201(11). How old were you when these first started?
(*2289=='All Days'||*2289=='Most Days'||*2289=='Some Days')&&(*1288=='Extremely

severe'||*1288=='Moderately severe')&&(*1289=='This is a new problem'||*1289=='It is getting worse'||*1289=='No change')

○ less than 10 years ○ 10 to 24 years ○ 25 to 40 years ○ more than 41 years

1128(12). Do you typically have symptoms before you get a headache?
(*2289=='All Days'||*2289=='Most Days'||*2289=='Some Days')&&(*1288=='Extremely severe'||*1288=='Moderately severe')&&(*1289=='This is a new problem'||*1289=='It is getting worse'||*1289=='No change')

○ Yes ○ No

202(13). Do you have any visual changes which occur before you get a headaches?
false||(*1128=='Yes')

○ Yes ○ No

205(17). Before you have a headache, do your eyes hurt when you look at the light?
false||(*1128=='Yes')

○ Yes ○ No

204(18). Before you have a headache, do you also vomit?
false||(*1128=='Yes')

○ Yes ○ No

203(19). Before you have a headache, do you also feel nauseated?
false||(*1128=='Yes')

○ Yes ○ No

1129(21). Does the headache generally occur on one side?
(*2289=='All Days'||*2289=='Most Days'||*2289=='Some Days')&&(*1288=='Extremely severe'||*1288=='Moderately severe')&&(*1289=='This is a new problem'||*1289=='It is getting worse'||*1289=='No change')

○ Yes ○ No

1130(23). Do you feel nauseated while you are having a headache?
false||(*1129=='Yes')

○ Yes ○ No

1131(24). Does your scalp feel tender while you are having a headache?
false||(*1129=='Yes')

○ Yes ○ No

1132(25). Is the scalp tenderness localized to your temples?

```
false||(*1131=='Yes')
```

O right temple O left temple O no

1133(26). Is the headache worse at night?

```
false||(*1131=='Yes')
```

O Yes O No

1134(27). Is the headache triggered by exposure to a cold environment?

```
false||(*1131=='Yes')
```

O Yes O No

1135(28). Do you also get pain in your jaw when you're having a headache?

```
false||(*1131=='Yes')
```

O Yes O No

207(30). Does the headache get worse with a change in body position?

```
(*2289=='All Days'||*2289=='Most Days'||*2289=='Some Days')&&(*1288=='Extremely
severe'||*1288=='Moderately severe')&&(*1289=='This is a new problem'||*1289=='It is getting
worse'||*1289=='No change')
```

O Yes O No

206(31). Is the headache worse when you wake up in the morning?

```
false||(*207=='Yes')
```

O Yes O No

1136(32). Does the headache typically disturb your sleep?

```
false||(*206=='Yes')
```

O Yes O No

1137(33). Did you have episodes of vomiting 4 to 6 weeks before you developed these headaches?

```
false||(*206=='Yes')
```

O Yes O No

1138(34). Have you noticed an increase in your "blind spot"?

```
false||(*207=='Yes')
```

O Yes O No

1139(35). Does the headache feel like your head is in a vice?

```
(*2289=='All Days'||*2289=='Most Days'||*2289=='Some Days')&&(*1288=='Extremely
severe'||*1288=='Moderately severe')&&(*1289=='This is a new problem'||*1289=='It is getting
worse'||*1289=='No change')
```

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○ Yes ○ No

208(36). Is the headache triggered by stress?
`false||(*1139=='Yes')`

○ Yes ○ No

209(37). Is the headache triggered by alcohol?
`false||(*1139=='Yes')`

○ Yes ○ No

210(38). Is the headache triggered by fatigue?
`false||(*1139=='Yes')`

○ Yes ○ No

211(39). Do you generally get 1 to 3 headaches each day?
`(*2289=='All Days'||*2289=='Most Days'||*2289=='Some Days')&&(*1288=='Extremely severe'||*1288=='Moderately severe')&&(*1289=='This is a new problem'||*1289=='It is getting worse'||*1289=='No change')`

○ Yes ○ No

212(40). Do you also have pain around your eyes?
`false||(*211=='Yes')`

○ Yes ○ No

1140(42). Do you also get a stuffy nose while you are having a headache?
`false||(*211=='Yes')`

○ Yes ○ No

213(46). Do the headaches begin suddenly?
`(*211=='Yes')`

○ Yes ○ No

215(47). Do you also experience a stiff neck?
`false||(*213=='Yes')`

○ Yes ○ No

10857(48). Do you also have fever?
`false||(*213=='Yes')`

○ Yes ○ No

2451(50). Have you been seen by a health care professional or taken medication for headaches in the past, but not

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in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*199)||member('Yes, more than 5 years ago',*199)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2507(51). Did you undergo a medical procedure or an operation for headaches in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2451)||member('Yes, I have seen a nurse or physicians assistant',*2451)||member('Yes, I have seen a chiropractor or acupuncturist',*2451)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4381(52). Has a headache been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *199)||member('Yes, during a period, 6 months to 5 years ago', *199)||member('Yes, more than 5 years ago', *199)||member('Never', *199)

○ Yes ○ No

4382(53). Please identify who in your family has had a problem with headache or a similar diagnosis:
*4381=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

217(54). Do you have face pain?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2309(55). How often has face pain been a problem for you in the last month?
member('Yes, in the past 6 months',*217)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1290(56). How severe is your face pain?
member('Yes, in the past 6 months',*217)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1291(57). How would you describe your face pain over the last month?
member('Yes, in the past 6 months',*217)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1430(61). Have you been seen by a health care professional or taken medication for face pain in the past 6 months?
member('Yes, in the past 6 months',*217)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2576(62). Did you undergo a medical procedure or an operation for face pain in the last 6 months?
member('Yes, I have seen a physician',*1430)||member('Yes, I have seen a nurse or physicians assistant',*1430)||member('Yes, I have seen a chiropractor or acupuncturist',*1430)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

218(63). Do you have brief episodes of severe stabbing pain in your face?
(*2309=='All Days'||*2309=='Most Days'||*2309=='Some Days')&&(*1290=='Extremely severe'||*1290=='Moderately severe')&&(*1291=='This is a new problem'||*1291=='It is getting worse'||*1291=='No change')

○ Yes ○ No

1141(64). What part of your face is involved?
false||(*218=='Yes')

○ right side of face ○ left side of face ○ both sides of face

219(65). Is it triggered by touching your face?
false||(*218=='Yes')

○ Yes ○ No

220(66). Is it triggered by chewing?
false||(*218=='Yes')

○ Yes ○ No

221(67). Do you experience "twitching" on that side of your face?
false||(*218=='Yes')

○ Yes ○ No

1142(69). Do you also have an area of numbness on your upper lip?
false||(*218=='Yes')

○ Yes ○ No

222(70). Do you have a dull pain around your cheekbones?
(*2309=='All Days'||*2309=='Most Days'||*2309=='Some Days')&&(*1290=='Extremely

severe'||*1290=='Moderately severe')&&(*1291=='This is a new problem'||*1291=='It is getting worse'||*1291=='No change')

○ Yes ○ No

2249(72). Does the pain in your cheekbones get worse when you bend forward?
false||(*222=='Yes')

○ Yes ○ No

229(73). Do you have dull pain around your eyes?
(*2309=='All Days'||*2309=='Most Days'||*2309=='Some Days')&&(*1290=='Extremely severe'||*1290=='Moderately severe')&&(*1291=='This is a new problem'||*1291=='It is getting worse'||*1291=='No change')

○ Yes ○ No

223(75). Does the pain get worse when you bend forward?
false||(*229=='Yes')

○ Yes ○ No

224(76). Is the pain localized to your temples?
(*2309=='All Days'||*2309=='Most Days'||*2309=='Some Days')&&(*1290=='Extremely severe'||*1290=='Moderately severe')&&(*1291=='This is a new problem'||*1291=='It is getting worse'||*1291=='No change')

○ Yes ○ No

225(77). Is it especially painful to touch your temples?
(*224=='Yes')

○ Yes ○ No

226(78). Is the pain associated with sudden vision loss?
(*224=='Yes')

○ Yes ○ No

227(79). Is the pain associated with general aches and pains?
(*224=='Yes')

○ Yes ○ No

228(80). Is the pain associated with fever?
(*224=='Yes')

○ Yes ○ No

230(81). Is the pain worse at night?

(*226=='Yes')

○ Yes ○ No

231(82). Does cold seem to trigger a headache?
(*226=='Yes')

○ Yes ○ No

232(83). Have you recently had a red and blistery rash where you now have pain?
(*2309=='All Days'||*2309=='Most Days'||*2309=='Some Days')&&(*1290=='Extremely severe'||*1290=='Moderately severe')&&(*1291=='This is a new problem'||*1291=='It is getting worse'||*1291=='No change')

○ Yes ○ No

2452(85). Have you been seen by a health care professional or taken medication for face pain in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*217)||member('Yes, more than 5 years ago',*217)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2509(86). Did you undergo a medical procedure or an operation for face pain in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2452)||member('Yes, I have seen a nurse or physicians assistant',*2452)||member('Yes, I have seen a chiropractor or acupuncturist',*2452)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4383(87). Has face pain been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *217)||member('Yes, during a period, 6 months to 5 years ago', *217)||member('Yes, more than 5 years ago', *217)||member('Never', *217)

○ Yes ○ No

4384(88). Please identify who in your family has had a problem with face pain or a similar diagnosis:
*4383=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

233(89). Do you have neck pain?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2310(90). How often has neck pain been a problem for you in the last month?
member('Yes, in the past 6 months',*233)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1292(91). How severe is your neck pain?
member('Yes, in the past 6 months',*233)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1293(92). How would you describe your neck pain over the last month?
member('Yes, in the past 6 months',*233)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1432(95). Have you been seen by a health care professional or taken medication for neck pain in the past 6 months?
member('Yes, in the past 6 months',*233)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2584(96). Did you undergo a medical procedure or an operation for neck pain in the last 6 months?
member('Yes, I have seen a physician',*1432)||member('Yes, I have seen a nurse or physicians assistant',*1432)||member('Yes, I have seen a chiropractor or acupuncturist',*1432)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

234(97). Did the pain start suddenly?
(*2310=='All Days'||*2310=='Most Days'||*2310=='Some Days')&&(*1292=='Extremely severe'||*1292=='Moderately severe')&&(*1293=='This is a new problem'||*1293=='It is getting worse'||*1293=='No change')

○ Yes ○ No

235(98). Does the pain get worse when you bend your head towards your chest?
false||(*234=='Yes')

○ Yes ○ No

236(99). Is the pain only in your neck?
false||(*235=='Yes')

○ Yes ○ No

237(100). Does it feel better when you bend your head back?

Toozo" Shotgo

false||(*236=='Yes')

O Yes O No

238(101). Does it feel worse when you bend your head back?
(*237=='No')

O Yes O No

239(102). Did you have a recent car or sports accident?
false||(*238=='Yes')

O Yes O No

240(103). Do you have a new drooping eyelid?
false||(*239=='Yes')

O Yes O No

241(104). Is your voice hoarse?
false||(*239=='Yes')

O Yes O No

242(105). Do you have inability to sweat on one side of your face?
false||(*239=='Yes')

O Yes O No

243(106). Did the pain start slowly?
(*2310=='All Days'||*2310=='Most Days'||*2310=='Some Days')&&(*1292=='Extremely severe'||*1292=='Moderately severe')&&(*1293=='This is a new problem'||*1293=='It is getting worse'||*1293=='No change')

O Yes O No

244(107). Does the pain get better when you bend your head forward?
false||(*243=='Yes')

O Yes O No

245(108). Do you have weakness in your arms?
false||(*243=='Yes')

O Yes O No

2657(109). Do you generally have pain in your arm(s)?
false||(*243=='Yes')

O Yes O No

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2453(111). Have you been seen by a health care professional or taken medication for neck pain in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*233)||member('Yes, more than 5 years ago',*233)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2510(112). Did you undergo a medical procedure or an operation for your neck pain in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2453)||member('Yes, I have seen a nurse or physicians assistant',*2453)||member('Yes, I have seen a chiropractor or acupuncturist',*2453)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4385(113). Has neck pain been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *233)||member('Yes, during a period, 6 months to 5 years ago', *233)||member('Yes, more than 5 years ago', *233)||member('Never', *233)

○ Yes ○ No

4386(114). Please identify who in your family has had a problem with neck pain or a similar diagnosis:
*4385=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

247(115). Is your neck stiff?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2311(116). How often has your neck stiffness been a problem for you in the last month?
member('Yes, in the past 6 months',*247)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1294(117). How severe is your neck stiffness?
member('Yes, in the past 6 months',*247)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1295(118). How would you describe your neck stiffness over the last month?
member('Yes, in the past 6 months',*247)

Toozer Shotbo

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1431(119). Have you been seen by a health care professional or taken medication for your neck stiffness in the past 6 months?

```
member('Yes, in the past 6 months',*247)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2585(120). Did you undergo a medical procedure or an operation for your neck stiffness in the last 6 months?

```
member('Yes, I have seen a physician',*1431)||member('Yes, I have seen a nurse or physicians
assistant',*1431)||member('Yes, I have seen a chiropractor or acupuncturist',*1431)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

248(121). Is it getting worse over a period of many months?

```
(*2311=='All Days'||*2311=='Most Days'||*2311=='Some Days')&&(*1294=='Extremely
severe'||*1294=='Moderately severe')&&(*1295=='This is a new problem'||*1295=='It is getting
worse'||*1295=='No change')
```

○ Yes ○ No

10855(122). Do you generally feel nauseated?

```
(*2311=='All Days'||*2311=='Most Days'||*2311=='Some Days')&&(*1294=='Extremely
severe'||*1294=='Moderately severe')&&(*1295=='This is a new problem'||*1295=='It is getting
worse'||*1295=='No change')
```

○ Yes ○ No

251(124). Do you also have pain when you look at a light?

```
(*2311=='All Days'||*2311=='Most Days'||*2311=='Some Days')&&(*1294=='Extremely
severe'||*1294=='Moderately severe')&&(*1295=='This is a new problem'||*1295=='It is getting
worse'||*1295=='No change')
```

○ Yes ○ No

364(125). Do you also have headaches?

```
(*251=='Yes')
```

○ Yes ○ No

252(126). Do you feel confused?

```
false||(*251=='Yes')
```

○ Yes ○ No

253(127). Do you have pain in the muscles of your neck?

Toolbox Shotgun

```
(*2311=='All Days'||*2311=='Most Days'||*2311=='Some Days')&&(*1294=='Extremely
severe'||*1294=='Moderately severe')&&(*1295=='This is a new problem'||*1295=='It is getting
worse'||*1295=='No change')
```

○ Yes ○ No

254(128). Do you have pain in the muscles of your shoulders?

```
false||(*253=='Yes')
```

○ Yes ○ No

255(129). Do you have pain in the muscles of your hips?

```
false||(*253=='Yes')
```

○ Yes ○ No

256(130). Do you have pain in the muscles of your lower back?

```
false||(*253=='Yes')
```

○ Yes ○ No

2454(131). Have you been seen by a health care professional or taken medication for your neck stiffness in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*247)||member('Yes, more than 5 years ago',*247)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2511(132). Did you undergo a medical procedure or an operation for your neck stiffness in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2454)||member('Yes, I have seen a nurse or physicians
assistant',*2454)||member('Yes, I have seen a chiropractor or acupuncturist',*2454)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4357(133). Has neck stiffness been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *247)||member('Yes, during a period, 6 months to 5 years ago', *247)
||member('Yes, more than 5 years ago', *247)||member('Never', *247)
```

○ Yes ○ No

4358(134). Please identify who in your family has had a problem with neck stiffness or a similar diagnosis:

```
*4357=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal

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grandfather

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Feedback

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Thyroid

257(1). Do you have swelling in your neck?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2329(2). How often has swelling in your neck been a problem for you in the last month?
member('Yes, in the past 6 months',*257)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1296(3). How severe is the swelling in your neck?
member('Yes, in the past 6 months',*257)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1297(4). How would you describe the swelling in your neck over the last month?
member('Yes, in the past 6 months',*257)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1451(5). Have you been seen by a health care professional or taken medication for your neck swelling in the past 6 months?
member('Yes, in the past 6 months',*257)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2586(6). Did you undergo a medical procedure or an operation for your neck swelling in the last 6 months?
member('Yes, I have seen a physician',*1451)||member('Yes, I have seen a nurse or physicians assistant',*1451)||member('Yes, I have seen a chiropractor or acupuncturist',*1451)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

258(7). Do you have pain in your neck with swallowing?
(*2329=='All Days'||*2329=='Most Days')&&(*1296=='Extremely severe'||*1296=='Moderately severe')&&(*1297=='This is a new problem'||*1297=='It is getting worse'||*1297=='No change')

○ Yes ○ No

259(8). Do you have pain in your neck when bending your neck backwards?
(*2329=='All Days'||*2329=='Most Days')&&(*1296=='Extremely severe'||*1296=='Moderately severe')&&(*1297=='This is a new problem'||*1297=='It is getting worse'||*1297=='No change')

○ Yes ○ No

260(9). Do you have pain in your neck when you touch it?

```
(*2329=='All Days'||*2329=='Most Days')&&(*1296=='Extremely severe'||*1296=='Moderately severe')&&
(*1297=='This is a new problem'||*1297=='It is getting worse'||*1297=='No change')
```

○ Yes ○ No

261(10). Does the swelling in your neck make it difficult to swallow?

```
(*2329=='All Days'||*2329=='Most Days')&&(*1296=='Extremely severe'||*1296=='Moderately severe')&&
(*1297=='This is a new problem'||*1297=='It is getting worse'||*1297=='No change')
```

○ Yes ○ No

262(11). Do you also have bulging blood vessels in your neck?

```
(*2329=='All Days'||*2329=='Most Days')&&(*1296=='Extremely severe'||*1296=='Moderately severe')&&
(*1297=='This is a new problem'||*1297=='It is getting worse'||*1297=='No change')
```

○ Yes ○ No

2455(12). Have you been seen by a health care professional or taken medication for your neck swelling in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*257)||member('Yes, more than 5 years ago',*257)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2512(13). Did you undergo a medical procedure or an operation for your neck swelling in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2455)||member('Yes, I have seen a nurse or physicians
assistant',*2455)||member('Yes, I have seen a chiropractor or acupuncturist',*2455)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4387(14). Has neck swelling been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *257)||member('Yes, during a period, 6 months to 5 years ago', *257)
||member('Yes, more than 5 years ago', *257)||member('Never', *257)
```

○ Yes ○ No

4388(15). Please identify who in your family has had a problem with neck swelling or a similar diagnosis:

```
*4387=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

Toozo' eshotoo

263(16). Do you notice that you have a change in your body temperature?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2330(17). How often has the change in your body temperature been a problem for you in the last month?
member('Yes, in the past 6 months',*263)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1298(18). How severe is your change in body temperature?
member('Yes, in the past 6 months',*263)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1299(19). How would you describe your change in body temperature over the last month?
member('Yes, in the past 6 months',*263)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1450(20). Have you been seen by a health care professional or taken medication for your change in body temperature in the past 6 months?
member('Yes, in the past 6 months',*263)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2569(21). Did you undergo a medical procedure or an operation for your change in body temperature in the last 6 months?
member('Yes, I have seen a physician',*1450)||member('Yes, I have seen a nurse or physicians assistant',*1450)||member('Yes, I have seen a chiropractor or acupuncturist',*1450)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

264(22). Do you use more clothing than other family members?
(*2330=='All Days'||*2330=='Most Days')&&(*1298=='Extremely severe'||*1298=='Moderately severe')&&(*1299=='This is a new problem'||*1299=='It is getting worse'||*1299=='No change')

○ Yes ○ No

10836(25). Have you gained 10 pounds or more in the last two months?
false||(*264=='Yes')

○ Yes ○ No

266(27). Have you felt tired lately?

T0820 eShot60

false||(*264=='Yes')

○ Yes ○ No

267(28). Has your hair or skin become dry?
false||(*264=='Yes')

○ Yes ○ No

268(29). Have your nails become more brittle?
false||(*264=='Yes')

○ Yes ○ No

269(30). Do you feel hot sooner than others around you?
(*2330=='All Days'||*2330=='Most Days')&&(*1298=='Extremely severe'||*1298=='Moderately severe')&&
(*1299=='This is a new problem'||*1299=='It is getting worse'||*1299=='No change')

○ Yes ○ No

270(31). Do you notice that you generally sweat more than others around you?
false||(*269=='Yes')

○ Yes ○ No

271(32). Do you feel more nervous than usual?
false||(*269=='Yes')

○ Yes ○ No

272(33). Have you had difficulty sleeping lately?
false||(*269=='Yes')

○ Yes ○ No

273(34). Do you feel your heart racing?
false||(*269=='Yes')

○ Yes ○ No

274(35). Do your eyes bulge?
false||(*269=='Yes')

○ Yes ○ No

2456(42). Have you been seen by a health care professional or taken medication for your change in body temperature in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*263)||member('Yes, more than 5 years ago',*263)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or

Topaz0 Shotgun

acupuncturist ☐ **No, I have not seen a health care professional** ☐ **Yes, I have taken medication** ☐ **No, I have not taken medication**

2513(43). Did you undergo a medical procedure or an operation for your change in body temperature in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2456)||member('Yes, I have seen a nurse or physicians
assistant',*2456)||member('Yes, I have seen a chiropractor or acupuncturist',*2456)
```

☐ **Yes, I underwent a medical procedure** ☐ **Yes, I underwent an operation** ☐ **No**

4389(44). Has a change in body temperature been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *263)||member('Yes, during a period, 6 months to 5 years ago', *263)
||member('Yes, more than 5 years ago', *263)||member('Never', *263)
```

○ **Yes** ○ **No**

4390(45). Please identify who in your family has had a problem with a change in body temperature or a similar diagnosis:

```
*4389=='Yes'
```

☐ **mother** ☐ **father** ☐ **sister #1 (oldest)** ☐ **sister #2** ☐ **sister #3** ☐ **sister #4** ☐ **brother #1 (oldest)** ☐ **brother #2** ☐ **brother #3** ☐ **brother #4** ☐ **maternal grandmother** ☐ **maternal grandfather** ☐ **paternal grandmother** ☐ **paternal grandfather**

1096(46). Have you gained weight over the last two months?

```
true
```

○ **Yes** ○ **No**

1097(47). How much weight have you gained?

```
false||(*1096=='Yes')
```

○ **less than 5 pounds** ○ **5 to 10 pounds** ○ **11 to 20 pounds** ○ **more than 20 pounds**

1098(49). Have you noticed that your hair or skin is very dry?

```
false||(*1096=='Yes')
```

○ **Yes** ○ **No**

1099(50). Do your nails break very easily?

```
false||(*1096=='Yes')
```

○ **Yes** ○ **No**

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Eyes

275(1). Have you noticed a change in your vision?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2331(3). How often has the change in your vision been a problem for you in the last month?
member('Yes, in the past 6 months',*275)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1300(4). How severe is your change in vision?
member('Yes, in the past 6 months',*275)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1301(5). How would you describe your change in vision over the last month?
member('Yes, in the past 6 months',*275)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1452(6). Have you been seen by a health care professional or taken medication for your change in vision in the past 6 months?
member('Yes, in the past 6 months',*275)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2570(7). Did you undergo a medical procedure or an operation for your change in vision in the last 6 months?
member('Yes, I have seen a physician',*1452)||member('Yes, I have seen a nurse or physicians assistant',*1452)||member('Yes, I have seen a chiropractor or acupuncturist',*1452)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

276(8). Do you often have blurry vision?
(*2331=='All Days'||*2331=='Most Days'||*2331=='Some Days')&&(*1300=='Extremely severe'||*1300=='Moderately severe')&&(*1301=='This is a new problem'||*1301=='It is getting worse'||*1301=='No change')

○ Yes ○ No

277(9). Do your eyelids droop?
*276=='Yes'

Toozer Shotbo

○ Yes ○ No

278(10). Do your muscles feel weak?
`false||(*277=='Yes')`

○ Yes ○ No

279(11). Do your have difficulty swallowing?
`false||(*278=='Yes')`

○ Yes ○ No

280(12). Do you have difficulty chewing?
`false||(*278=='Yes')`

○ Yes ○ No

281(13). Do you have difficulty speaking?
`false||(*278=='Yes')`

○ Yes ○ No

282(14). Do these symptoms get worse with activity?
`(*279=='Yes')||(*280=='Yes')||(*281=='Yes')`

○ Yes ○ No

283(15). Do these symptoms get better with rest?
`(*279=='Yes')||(*280=='Yes')||(*281=='Yes')`

○ Yes ○ No

304(16). Do your eyes seem to bulge?
`(*279=='Yes')||(*280=='Yes')||(*281=='Yes')`

○ Yes ○ No

284(17). Is it associated with eye pain which gets worse with eye movement?
`*276=='Yes'`

○ Yes ○ No

285(18). Is it associated with eye pain which gets worse with loss of brightness?
`*276=='Yes'`

○ Yes ○ No

286(19). Do you have weakness in any of your limbs?
`(*284 =='Yes')||(*285 =='Yes')`

Tobacco Shotgun

○ Yes ○ No

287(21). Which extremity feels weak?
`false||(*286=='Yes')`

☐ right arm ☐ left arm ☐ right leg ☐ left leg

291(22). Do you have a sensation of "pins and needles" in your limbs?
`false||(*286=='Yes')`

○ Yes ○ No

292(24). Which extremity has a sensation of "pins and needles"?
`false||(*291=='Yes')`

☐ right arm ☐ left arm ☐ right leg ☐ left leg

293(25). Do you have a painful burning sensation in your limbs?
`false||(*286=='Yes')`

○ Yes ○ No

294(27). Which limbs have a painful burning sensation?
`false||(*293=='Yes')`

☐ right arm ☐ left arm ☐ right leg ☐ left leg

295(28). Have you had difficulty walking?
`(*291=='Yes')||(*293=='Yes')`

○ Yes ○ No

296(29). Have you had difficulty controlling your bladder?
`(*291=='Yes')||(*293=='Yes')`

○ Yes ○ No

297(30). Have you had difficulty controlling your bowels?
`(*291=='Yes')||(*293 =='Yes')`

○ Yes ○ No

298(31). Do these symptoms tend to come and go?
`(*295=='Yes')||(*296=='Yes')||(*297=='Yes')`

○ Yes ○ No

305(34). Do you see flashing lights?
`(*2331=='All Days'||*2331=='Most Days'||*2331=='Some Days')&&(*1300=='Extremely severe'||*1300=='Moderately severe')&&(*1301=='This is a new problem'||*1301=='It is getting`

worse'||*1301=='No change')

○ Yes ○ No

306(35). Do you see floating spots?
(*2331=='All Days'||*2331=='Most Days'||*2331=='Some Days')&&(*1300=='Extremely severe'||*1300=='Moderately severe')&&(*1301=='This is a new problem'||*1301=='It is getting worse'||*1301=='No change')

○ Yes ○ No

307(36). Do these symptoms occur before you develop a severe headache?
(*305=='Yes')||(*306=='Yes')

○ Yes ○ No

2457(37). Have you been seen by a health care professional or taken medication for your change in vision in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*275)||member('Yes, more than 5 years ago',*275)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2514(38). Did you undergo a medical procedure or an operation for your change in vision in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2457)||member('Yes, I have seen a nurse or physicians assistant',*2457)||member('Yes, I have seen a chiropractor or acupuncturist',*2457)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4391(39). Has a change in vision been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *275)||member('Yes, during a period, 6 months to 5 years ago', *275)||member('Yes, more than 5 years ago', *275)||member('Never', *275)

○ Yes ○ No

4392(40). Please identify who in your family has had a problem with a change in vision or a similar diagnosis:
*4391=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

308(41). Do you have eye pain?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2332(42). How often has eye pain been a problem for you in the last month?
member('Yes, in the past 6 months',*308)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1302(43). How severe is your eye pain?
member('Yes, in the past 6 months',*308)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1303(44). How would you describe your eye pain over the last month?
member('Yes, in the past 6 months',*308)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1453(45). Have you been seen by a health care professional or taken medication for your eye pain in the past 6 months?
member('Yes, in the past 6 months',*308)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2575(46). Did you undergo a medical procedure or an operation for your eye pain in the last 6 months?
member('Yes, I have seen a physician',*1453)||member('Yes, I have seen a nurse or physicians assistant',*1453)||member('Yes, I have seen a chiropractor or acupuncturist',*1453)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

309(47). Is the pain behind your eye(s)?
(*2332=='All Days'||*2332=='Most Days'||*2332=='Some Days')&&(*1302=='Extremely severe'||*1302=='Moderately severe')&&(*1303=='This is a new problem'||*1303=='It is getting worse'||*1303=='No change')

○ Yes ○ No

310(48). Does the pain increase when you lean forward?
*309=='Yes'

○ Yes ○ No

311(49). Have you had a recent cold?
false||(*310=='Yes')

○ Yes ○ No

312(50). Do you have tenderness over your cheeks?

Toolbar Shotgun

```
false||(*310=='Yes')
```

○ Yes ○ No

313(51). Do you have tenderness over your forehead?

```
false||(*310=='Yes')
```

○ Yes ○ No

314(52). Is the pain in your eye?

```
(*2332=='All Days'||*2332=='Most Days'||*2332=='Some Days')&&(*1302=='Extremely
severe'||*1302=='Moderately severe')&&(*1303=='This is a new problem'||*1303=='It is getting
worse'||*1303=='No change')
```

○ Yes ○ No

10837(53). Do you have blurry vision?

```
*314=='Yes'
```

○ Yes ○ No

2458(55). Have you been seen by a health care professional or taken medication for your eye pain in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*308)||member('Yes, more than 5 years ago',*308)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2515(56). Did you undergo a medical procedure or an operation for your eye pain in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2458)||member('Yes, I have seen a nurse or physicians
assistant',*2458)||member('Yes, I have seen a chiropractor or acupuncturist',*2458)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4393(57). Has eye pain been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *308)||member('Yes, during a period, 6 months to 5 years ago', *308)
||member('Yes, more than 5 years ago', *308)||member('Never', *308)
```

○ Yes ○ No

4394(58). Please identify who in your family has had a problem with eye pain or a similar diagnosis:

```
*4393=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal

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grandfather

316(59). Do you have a decrease in amount of tearing?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2333(60). How often has the decrease in amount of tearing been a problem for you in the last month?
member('Yes, in the past 6 months',*316)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1304(61). How severe is the decrease in amount of tearing?
member('Yes, in the past 6 months',*316)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1305(62). How would you describe the decrease in amount of tearing over the last month?
member('Yes, in the past 6 months',*316)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1454(63). Have you been seen by a health care professional or taken medication for the decrease in amount of tearing in the past 6 months?
member('Yes, in the past 6 months',*316)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2580(64). Did you undergo a medical procedure or an operation for your decrease in amount of tearing in the last 6 months?
member('Yes, I have seen a physician',*1454)||member('Yes, I have seen a nurse or physicians assistant',*1454)||member('Yes, I have seen a chiropractor or acupuncturist',*1454)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

317(65). Do your eyes feel dry?
(*2333=='All Days'||*2333=='Most Days'||*2333=='Some Days')&&(*1304=='Extremely severe'||*1304=='Moderately severe')&&(*1305=='This is a new problem'||*1305=='It is getting worse'||*1305=='No change')

○ Yes ○ No

318(66). Do you have a sensation of a foreign body in your eyes?
(*2333=='All Days'||*2333=='Most Days'||*2333=='Some Days')&&(*1304=='Extremely severe'||*1304=='Moderately severe')&&(*1305=='This is a new problem'||*1305=='It is getting

worse'||*1305=='No change')

○ Yes ○ No

319(67). Have you noticed swelling in your cheeks (region of your parotid glands)?
(*318=='Yes')||(*317=='Yes')

○ Yes ○ No

320(68). Do you have small raised purple bumps on your legs?
*319=='Yes'

○ Yes ○ No

321(69). Do you have any rashes?
*319=='Yes'

○ Yes ○ No

2459(70). Have you been seen by a health care professional or taken medication for the decrease in amount of tearing in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*316)||member('Yes, more than 5 years ago',*316)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2516(71). Did you undergo a medical procedure or an operation for your decrease in amount of tearing in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2459)||member('Yes, I have seen a nurse or physicians assistant',*2459)||member('Yes, I have seen a chiropractor or acupuncturist',*2459)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4395(72). Has a decrease in amount of tearing been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *316)||member('Yes, during a period, 6 months to 5 years ago', *316)||member('Yes, more than 5 years ago', *316)||member('Never', *316)

○ Yes ○ No

4396(73). Please identify who in your family has had a problem with a decrease in amount of tearing or a similar diagnosis:
*4395=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

Topcon Shotgun

322(74). Do you have an increase in amount of tearing?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2349(75). How often has the increase in amount of tearing been a problem for you in the last month?
member('Yes, in the past 6 months',*322)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1306(76). How severe is the increase in amount of tearing?
member('Yes, in the past 6 months',*322)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1307(77). How would you describe the increase in amount of tearing over the last month?
member('Yes, in the past 6 months',*322)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1455(78). Have you been seen by a health care professional or taken medication for your increase in amount of tearing in the past 6 months?
member('Yes, in the past 6 months',*322)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2579(79). Did you undergo a medical procedure or an operation for your increase in amount of tearing in the last 6 months?
member('Yes, I have seen a physician',*1455)||member('Yes, I have seen a nurse or physicians assistant',*1455)||member('Yes, I have seen a chiropractor or acupuncturist',*1455)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

323(80). Are your eyes sensitive to light?
(*2349=='All Days'||*2349=='Most Days'||*2349=='Some Days')&&(*1306=='Extremely severe'||*1306=='Moderately severe')&&(*1307=='This is a new problem'||*1307=='It is getting worse'||*1307=='No change')

○ Yes ○ No

324(81). Do you have swelling in the "white"part of your eye?
(*2349=='All Days'||*2349=='Most Days'||*2349=='Some Days')&&(*1306=='Extremely severe'||*1306=='Moderately severe')&&(*1307=='This is a new problem'||*1307=='It is getting worse'||*1307=='No change')

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○ Yes ○ No

326(83). Did the eye pain begin suddenly?
(*323=='Yes')||(*324=='Yes')

○ Yes ○ No

327(84). Do you have drainage of mucous or pus from your eyes?
(*2349=='All Days'||*2349=='Most Days'||*2349=='Some Days')&&(*1306=='Extremely severe'||*1306=='Moderately severe')&&(*1307=='This is a new problem'||*1307=='It is getting worse'||*1307=='No change')

○ Yes ○ No

2460(85). Have you been seen by a health care professional or taken medication for your increase in amount of tearing in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*322)||member('Yes, more than 5 years ago',*322)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2517(86). Did you undergo a medical procedure or an operation for your increase in amount of tearing in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2460)||member('Yes, I have seen a nurse or physicians assistant',*2460)||member('Yes, I have seen a chiropractor or acupuncturist',*2460)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4359(87). Has an increase in amount of tearing been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *322)||member('Yes, during a period, 6 months to 5 years ago', *322)||member('Yes, more than 5 years ago', *322)||member('Never', *322)

○ Yes ○ No

4360(88). Please identify who in your family has had a problem with an increase in amount of tearing or a similar diagnosis:
*4359=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

CONTINUE ○ Deploy ○ Normal ○ Expanded ◉ Full Details

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TODAY'S NOTES

Ear, Nose, and Throat

608(5). Do you have earaches?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2350(7). How often have your earaches been a problem for you in the last month?
member('Yes, in the past 6 months',*608)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1312(8). How severe are the earaches?
member('Yes, in the past 6 months',*608)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1313(9). How would you describe the earaches over the last month?
member('Yes, in the past 6 months',*608)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1456(10). Have you been seen by a health care professional or taken medication for your earaches in the past 6 months?
member('Yes, in the past 6 months',*608)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2574(11). Did you undergo a medical procedure or an operation for your earaches in the last 6 months?
member('Yes, I have seen a physician',*1456)||member('Yes, I have seen a nurse or physicians assistant',*1456)||member('Yes, I have seen a chiropractor or acupuncturist',*1456)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

330(12). Do you also have discharge from your ears?
(*2350=='All Days'||*2350=='Most Days'||*2350=='Some Days')&&(*1312=='Extremely severe'||*1312=='Moderately severe')&&(*1313=='This is a new problem'||*1313=='It is getting worse'||*1313=='No change')

○ Yes ○ No

331(13). Do you also have ringing in your ears?
(*2350=='All Days'||*2350=='Most Days'||*2350=='Some Days')&&(*1312=='Extremely

Toozer Shots

severe'||*1312=='Moderately severe')&&(*1313=='This is a new problem'||*1313=='It is getting worse'||*1313=='No change')

○ Yes ○ No

333(15). Do your earaches occur after some head injury?
(*2350=='All Days'||*2350=='Most Days'||*2350=='Some Days')&&(*1312=='Extremely severe'||*1312=='Moderately severe')&&(*1313=='This is a new problem'||*1313=='It is getting worse'||*1313=='No change')

○ Yes ○ No

334(16). Do your earaches occur after a sinus infection?
(*333=='No')

○ Yes ○ No

335(17). Have you had repeat middle ear infections as an adult?
(*2350=='All Days'||*2350=='Most Days'||*2350=='Some Days')&&(*1312=='Extremely severe'||*1312=='Moderately severe')&&(*1313=='This is a new problem'||*1313=='It is getting worse'||*1313=='No change')

○ Yes ○ No

2461(19). Have you been seen by a health care professional or taken medication for your earaches in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*608)||member('Yes, more than 5 years ago',*608)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2518(20). Did you undergo a medical procedure or an operation for your earaches in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2461)||member('Yes, I have seen a nurse or physicians assistant',*2461)||member('Yes, I have seen a chiropractor or acupuncturist',*2461)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4403(21). Have earaches been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *608)||member('Yes, during a period, 6 months to 5 years ago', *608)||member('Yes, more than 5 years ago', *608)||member('Never', *608)

○ Yes ○ No

4404(22). Please identify who in your family has had a problem with earaches or a similar diagnosis:
*4403=='Yes'

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☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

357(23). Do you have episodes of dizziness?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2351(24). How often have your episodes of dizziness been a problem for you in the last month?
member('Yes, in the past 6 months',*357)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1320(25). How severe are the episodes of dizziness?
member('Yes, in the past 6 months',*357)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1321(26). How would you describe the episodes of dizziness over the last month?
member('Yes, in the past 6 months',*357)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1457(27). Have you been seen by a health care professional or taken medication for your episodes of dizziness in the past 6 months?
member('Yes, in the past 6 months',*357)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

10875(28). Did you undergo a medical procedure or an operation for your episodes of dizziness in the last 6 months?
member('Yes, I have seen a physician',*1457)||member('Yes, I have seen a nurse or physicians assistant',*1457)||member('Yes, I have seen a chiropractor or acupuncturist',*1457)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

337(30). Does it get more severe when you change position of your body?
(*2351=='All Days'||*2351=='Most Days'||*2351=='Some Days')&&(*1320=='Extremely severe'||*1320=='Moderately severe')&&(*1321=='This is a new problem'||*1321=='It is getting worse'||*1321=='No change')

○ Yes ○ No

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338(31). Does it get more severe when you rotate your body?
(*2351=='All Days'||*2351=='Most Days'||*2351=='Some Days')&&(*1320=='Extremely severe'||*1320=='Moderately severe')&&(*1321=='This is a new problem'||*1321=='It is getting worse'||*1321=='No change')

○ Yes ○ No

339(32). Do you also feel unsteady?
(*2351=='All Days'||*2351=='Most Days'||*2351=='Some Days')&&(*1320=='Extremely severe'||*1320=='Moderately severe')&&(*1321=='This is a new problem'||*1321=='It is getting worse'||*1321=='No change')

○ Yes ○ No

340(33). Do you experience any loss of balance?
(*2351=='All Days'||*2351=='Most Days'||*2351=='Some Days')&&(*1320=='Extremely severe'||*1320=='Moderately severe')&&(*1321=='This is a new problem'||*1321=='It is getting worse'||*1321=='No change')

○ Yes ○ No

341(34). Do you also notice ringing in your ears?
(*339=='Yes') || (*340=='Yes')

○ Yes ○ No

342(35). Do you have hearing loss?
(*339=='Yes') || (*340=='Yes')

○ Yes ○ No

343(36). Do you have a sensation of fullness in your ears?
(*339=='Yes') || (*340=='Yes')

○ Yes ○ No

344(37). Do you have loss of sensation in your face?
(*339=='Yes') || (*340=='Yes')

○ Yes ○ No

2462(43). Have you been seen by a health care professional or taken medication for your episodes of dizziness in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*357)||member('Yes, more than 5 years ago',*357)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

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10876(44). Did you undergo a medical procedure or an operation for your episodes of dizziness in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2462)||member('Yes, I have seen a nurse or physicians assistant',*2462)||member('Yes, I have seen a chiropractor or acupuncturist',*2462)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4399(46). Have episodes of dizziness been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *357)||member('Yes, during a period, 6 months to 5 years ago', *357)||member('Yes, more than 5 years ago', *357)||member('Never', *357)

○ Yes ○ No

4400(47). Please identify who in your family has had a problem with episodes of dizziness or a similar diagnosis:
*4399=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

609(48). Do you have a decrease in hearing?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2352(49). How often has your decrease in hearing been a problem for you in the last month?
member('Yes, in the past 6 months',*609)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1316(50). How severe is the decrease in hearing?
member('Yes, in the past 6 months',*609)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1317(51). How would you describe the decrease in hearing over the last month?
member('Yes, in the past 6 months',*609)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1458(52). Have you been seen by a health care professional or taken medication for your decrease in hearing in the past 6 months?
member('Yes, in the past 6 months',*609)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or

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acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2581(53). Did you undergo a medical procedure or an operation for your decrease in hearing in the last 6 months?

```
member('Yes, I have seen a physician',*1458)||member('Yes, I have seen a nurse or physicians assistant',*1458)||member('Yes, I have seen a chiropractor or acupuncturist',*1458)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

610(54). In which ear?

```
member(*2352,'All Days|Most Days|Some Days|Few Days')&&(*1316=='Extremely severe'||*1316=='Moderately severe')&&(*1317=='This is a new problem'||*1317=='It is getting worse'||*1317=='No change')
```

○ right ear ○ left ear ○ both ears

349(55). Is your decrease in hearing getting more severe?

```
member(*2352,'All Days|Most Days|Some Days|Few Days')&&(*1316=='Extremely severe'||*1316=='Moderately severe')&&(*1317=='This is a new problem'||*1317=='It is getting worse'||*1317=='No change')
```

○ Yes ○ No

350(56). Do you also have many "skin tags"?

```
(*610=='left ear') || (*610=='right ear') || (*610=='both ears') || (*349=='Yes')
```

○ Yes ○ No

351(57). Do you have cream colored beauty marks?

```
(*610 == 'left ear') || (*610 == 'right ear') || (*610 == 'both ears') || (*349 == 'Yes')
```

○ Yes ○ No

352(58). Do you have a sensation of fullness in the ear which has a decrease in hearing?

```
(*610 == 'left ear') || (*610 == 'right ear') || (*610 == 'both ears') || (*349 == 'Yes')
```

○ Yes ○ No

353(59). Do you also have dizziness?

```
(*610 == 'left ear') || (*610 == 'right ear') || (*610 == 'both ears') || (*349 == 'Yes')
```

○ Yes ○ No

2463(62). Have you been seen by a health care professional or taken medication for your decrease in hearing in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*609)||member('Yes, more than 5 years ago',*609)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken

medication

2529(63). Did you undergo a medical procedure or an operation for your decrease in hearing in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2463)||member('Yes, I have seen a nurse or physicians assistant',*2463)||member('Yes, I have seen a chiropractor or acupuncturist',*2463)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4405(64). Has a decrease in hearing been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *609)||member('Yes, during a period, 6 months to 5 years ago', *609)||member('Yes, more than 5 years ago', *609)||member('Never', *609)

○ Yes ○ No

4406(65). Please identify who in your family has had a problem with a decrease in hearing or a similar diagnosis:
*4405=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

355(66). Do you have nasal discharge?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2353(67). How often has your nasal discharge been a problem for you in the last month?
member('Yes, in the past 6 months',*355)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1308(68). How severe is the nasal discharge?
member('Yes, in the past 6 months',*355)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1309(69). How would you describe the nasal discharge over the last month?
member('Yes, in the past 6 months',*355)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1459(70). Have you been seen by a health care professional or taken medication for your nasal discharge in the past 6 months?
member('Yes, in the past 6 months',*355)

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☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2583(71). Did you undergo a medical procedure or an operation for your nasal discharge in the last 6 months?
member('Yes, I have seen a physician',*1459)||member('Yes, I have seen a nurse or physicians assistant',*1459)||member('Yes, I have seen a chiropractor or acupuncturist',*1459)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

358(72). Is it ever associated with high fevers (102F and above)?
member(*2353,'All Days|Most Days|Some Days|Few Days')&&((*1308=='Extremely severe') || (*1308=='Moderately severe')) && member(*1309, 'This is a new problem|It is getting worse|No change')

○ Yes ○ No

359(73). Do you also get facial pain around your cheeks?
(*358=='Yes')

○ Yes ○ No

360(74). Do you get facial pain around your eyes?
(*358=='Yes')

○ Yes ○ No

361(75). Do you get facial pain around your forehead?
(*358=='Yes')

○ Yes ○ No

362(76). Is the nasal discharge ever yellowish-green?
(*358=='Yes')

○ Yes ○ No

363(77). Is the discharge ever associated with low grade fevers (less than 101F)?
member(*2353,'All Days|Most Days|Some Days|Few Days')&&((*1308=='Extremely severe') || (*1308=='Moderately severe')) && member(*1309, 'This is a new problem|It is getting worse|No change')

○ Yes ○ No

10839(78). Do you have headaches often?
false||(*363=='Yes')

○ Yes ○ No

365(80). Do you also get repeat episodes of a dry cough that doesn't seem to get better?
false||(*363=='Yes')

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○ Yes ○ No

366(81). Do you also get repeat episodes of a sore throat that doesn't get better?
false||(*363=='Yes')

○ Yes ○ No

367(82). Do you also get a decrease in your sense of smell?
false||(*363=='Yes')

○ Yes ○ No

1091(83). Do you have itchy, watery eyes?
member(*2353,'All Days|Most Days|Some Days|Few Days')&&(*1308=='Extremely severe'||*1308=='Moderately severe')&& member(*1309, 'This is a new problem|It is getting worse|No change')

○ Yes ○ No

1092(84). Do you sneeze when your eyes are itchy?
(*1091=='Yes')

○ Yes ○ No

2464(86). Have you been seen by a health care professional or taken medication for your nasal discharge in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*355)||member('Yes, more than 5 years ago',*355)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2530(87). Did you undergo a medical procedure or an operation for your nasal discharge in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2464)||member('Yes, I have seen a nurse or physicians assistant',*2464)||member('Yes, I have seen a chiropractor or acupuncturist',*2464)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4397(88). Has nasal discharge been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *355)||member('Yes, during a period, 6 months to 5 years ago', *355)||member('Yes, more than 5 years ago', *355)||member('Never', *355)

○ Yes ○ No

4398(89). Please identify who in your family has had a problem with nasal discharge or a similar diagnosis:
*4397=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2

☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

1093(90). Do you get ulcers in your mouth?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2354(91). How often have the ulcers in your mouth been a problem for you in the last month?
member('Yes, in the past 6 months',*1093)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1314(92). How severe are the ulcers?
member('Yes, in the past 6 months',*1093)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1315(93). How would you describe the ulcers over the last month?
member('Yes, in the past 6 months',*1093)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1460(94). Have you been seen by a health care professional or taken medication for your mouth ulcers in the past 6 months?
member('Yes, in the past 6 months',*1093)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2582(95). Did you undergo a medical procedure or an operation for your mouth ulcers in the last 6 months?
member('Yes, I have seen a physician',*1460)||member('Yes, I have seen a nurse or physicians assistant',*1460)||member('Yes, I have seen a chiropractor or acupuncturist',*1460)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

369(96). Do you get many yellowish ulcers which last for 1 to 2 weeks?
member(*2354,'All Days|Most Days|Some Days|Few Days')&&(*1314=='Extremely severe'||*1314=='Moderately severe')&&(*1315=='This is a new problem'||*1315=='It is getting worse'||*1315=='No change')

○ Yes ○ No

370(97). Do they heal without scarring but come back?
member(*2354,'All Days|Most Days|Some Days|Few Days')&&(*1314=='Extremely severe'||*1314=='Moderately severe')&&(*1315=='This is a new problem'||*1315=='It is getting worse'||*1315=='No change')

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○ Yes ○ No

371(98). Do you get similar sores in your genital area?
(*369 == 'Yes')||(*370 == 'Yes')

○ Yes ○ No

372(99). Do you get rashes that occur especially after a minor scratch?
false||(*371=='Yes')

○ Yes ○ No

373(100). Do you have eye pain when you look at light?
false||(*371=='Yes')

○ Yes ○ No

374(102). Do you have any areas of discoloration inside your mouth?
member(*2354,'All Days|Most Days|Some Days|Few Days')&&(*1314=='Extremely severe'||*1314=='Moderately severe')&&(*1315=='This is a new problem'||*1315=='It is getting worse'||*1315=='No change')

○ Yes ○ No

375(103). Do you have areas of discoloration on your tongue?
member(*2354,'All Days|Most Days|Some Days|Few Days')&&(*1314=='Extremely severe'||*1314=='Moderately severe')&&(*1315=='This is a new problem'||*1315=='It is getting worse'||*1315=='No change')

○ Yes ○ No

376(104). Are the discolored areas creamy yellow in color?
(*374=='Yes')||(*375== 'Yes')

○ Yes ○ No

377(105). Can these areas be easily scraped off?
false||(*376=='Yes')

○ Yes ○ No

2465(106). Have you been seen by a health care professional or taken medication for your mouth ulcers in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*1093)||member('Yes, more than 5 years ago',*1093)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2531(107). Did you undergo a medical procedure or an operation for your mouth ulcers in the past, but not in

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the last 6 months?
member('Yes, I have seen a physician',*2465)||member('Yes, I have seen a nurse or physicians assistant',*2465)||member('Yes, I have seen a chiropractor or acupuncturist',*2465)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4407(108). Have mouth ulcers been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *1093)||member('Yes, during a period, 6 months to 5 years ago', *1093)||member('Yes, more than 5 years ago', *1093)||member('Never', *1093)

○ Yes ○ No

4408(109). Please identify who in your family has had a problem with mouth ulcers or a similar diagnosis:
*4407=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

378(110). Do you get sore throats?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2355(111). How often has your sore throat been a problem for you in the last month?
member('Yes, in the past 6 months',*378)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1310(112). How severe is your sore throat?
member('Yes, in the past 6 months',*378)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1311(113). How would you describe your sore throat over the last month?
member('Yes, in the past 6 months',*378)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1462(114). Have you been seen by a health care professional or taken medication for your sore throat in the past 6 months?
member('Yes, in the past 6 months',*378)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2590(115). Did you undergo a medical procedure or an operation for your sore throat in the last 6 months?
member('Yes, I have seen a physician',*1462)||member('Yes, I have seen a nurse or physicians assistant',*1462)||member('Yes, I have seen a chiropractor or acupuncturist',*1462)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

379(116). Do they seem to occur after you have been exposed to something?
(*2355=='All Days'||*2355=='Most Days'||*2355=='Some Days')&&(*1310=='Extremely severe'||*1310=='Moderately severe')&&(*1311=='This is a new problem'||*1311=='It is getting worse'||*1311=='No change')

○ Yes, dry heat ○ Yes, fumes ○ Yes, contact with someone who is sick ○ No

387(117). Do also have frequent episodes of sneezing?
(*2355=='All Days'||*2355=='Most Days'||*2355=='Some Days')&&(*1310=='Extremely severe'||*1310=='Moderately severe')&&(*1311=='This is a new problem'||*1311=='It is getting worse'||*1311=='No change')

○ Yes ○ No

388(118). Are you allergic to animal dander?
(*2355=='All Days'||*2355=='Most Days'||*2355=='Some Days')&&(*1310=='Extremely severe'||*1310=='Moderately severe')&&(*1311=='This is a new problem'||*1311=='It is getting worse'||*1311=='No change')

○ Yes ○ No

389(119). To which animal?
false||(*388=='Yes')

○ cats ○ dogs ○ mites ○ rabbits ○ other

386(121). Do you also have post-nasal drip?
(*2355=='All Days'||*2355=='Most Days'||*2355=='Some Days')&&(*1310=='Extremely severe'||*1310=='Moderately severe')&&(*1311=='This is a new problem'||*1311=='It is getting worse'||*1311=='No change')

○ Yes ○ No

380(122). Does it seem like your sore throat never completely goes away?
(*2355=='All Days'||*2355=='Most Days'||*2355=='Some Days')&&(*1310=='Extremely severe'||*1310=='Moderately severe')&&(*1311=='This is a new problem'||*1311=='It is getting worse'||*1311=='No change')

○ Yes ○ No

381(123). Have you noticed a lump in your neck?
false||(*380=='Yes')

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○ Yes ○ No

382(124). Do you notice that your voice is hoarse?
false||(*380=='Yes')

○ Yes ○ No

383(125). Do you every have blood in your saliva?
false||(*380=='Yes')

○ Yes ○ No

384(126). Do you ever have blood in your phlegm?
false||(*380=='Yes')

○ Yes ○ No

385(127). Do you have pain when swallowing that travels to your ears?
false||(*380=='Yes')

○ Yes ○ No

2466(132). Have you been seen by a health care professional or taken medication for your sore throat in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*378)||member('Yes, more than 5 years ago',*378)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2532(133). Did you undergo a medical procedure or an operation for your sore throat in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2466)||member('Yes, I have seen a nurse or physicians assistant',*2466)||member('Yes, I have seen a chiropractor or acupuncturist',*2466)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4401(134). Has a sore throat been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *378)||member('Yes, during a period, 6 months to 5 years ago', *378)||member('Yes, more than 5 years ago', *378)||member('Never', *378)

○ Yes ○ No

4402(135). Please identify who in your family has had a problem with a sore throat or a similar diagnosis:
*4401=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal

Tobacco Shotgun

grandfather

390(136). Do you have difficulty with swallowing?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2356(137). How often has your difficulty in swallowing been a problem for you in the last month?
member('Yes, in the past 6 months',*390)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1318(138). How severe is the difficulty swallowing?
member('Yes, in the past 6 months',*390)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1319(139). How would you describe the difficulty swallowing over the last month?
member('Yes, in the past 6 months',*390)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1461(140). Have you been seen by a health care professional or taken medication for your difficulty with swallowing in the past 6 months?
member('Yes, in the past 6 months',*390)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2572(141). Did you undergo a medical procedure or an operation for your difficulty with swallowing in the last 6 months?
member('Yes, I have seen a physician',*1461)||member('Yes, I have seen a nurse or physicians assistant',*1461)||member('Yes, I have seen a chiropractor or acupuncturist',*1461)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

391(142). Does it occur mostly with food?
(*2356=='All Days'||*2356=='Most Days'||*2356=='Some Days')&&(*1318=='Extremely severe'||*1318=='Moderately severe')&&(*1319=='This is a new problem'||*1319=='It is getting worse'||*1319=='No change')

○ Yes ○ No

392(143). Does it occur mostly with liquids?
(*2356=='All Days'||*2356=='Most Days'||*2356=='Some Days')&&(*1318=='Extremely severe'||*1318=='Moderately severe')&&(*1319=='This is a new problem'||*1319=='It is getting

worse'||*1319=='No change')

○ Yes ○ No

393(144). Does food often get stuck in your throat?
(*2356=='All Days'||*2356=='Most Days'||*2356=='Some Days')&&(*1318=='Extremely severe'||*1318=='Moderately severe')&&(*1319=='This is a new problem'||*1319=='It is getting worse'||*1319=='No change')

○ Yes ○ No

394(145). Do you have indigestion that changes when you change your position?
(*2356=='All Days'||*2356=='Most Days'||*2356=='Some Days')&&(*1318=='Extremely severe'||*1318=='Moderately severe')&&(*1319=='This is a new problem'||*1319=='It is getting worse'||*1319=='No change')

○ Yes ○ No

2467(146). Have you been seen by a health care professional or taken medication for your difficulty with swallowing in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*390)||member('Yes, more than 5 years ago',*390)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2533(147). Did you undergo a medical procedure or an operation for your difficulty with swallowing in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2467)||member('Yes, I have seen a nurse or physicians assistant',*2467)||member('Yes, I have seen a chiropractor or acupuncturist',*2467)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4361(148). Has difficulty with swallowing been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *390)||member('Yes, during a period, 6 months to 5 years ago', *390)||member('Yes, more than 5 years ago', *390)||member('Never', *390)

○ Yes ○ No

4362(149). Please identify who in your family has had a problem with difficulty swallowing or a similar diagnosis:
*4361=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

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CONTINUE ▷ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Pulmonary System

395(1). Do you have episodes of coughing?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2369(2). How often have your episodes of coughing been a problem for you in the last month?
member('Yes, in the past 6 months',*395)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1322(3). How severe is your coughing?
member('Yes, in the past 6 months',*395)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1323(4). How would you describe the coughing over the last month?
member('Yes, in the past 6 months',*395)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1463(5). Have you been seen by a health care professional or taken medication for your coughing in the past 6 months?
member('Yes, in the past 6 months',*395)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2571(6). Did you undergo a medical procedure or an operation for your coughing in the last 6 months?
member('Yes, I have seen a physician',*1463)||member('Yes, I have seen a nurse or physicians assistant',*1463)||member('Yes, I have seen a chiropractor or acupuncturist',*1463)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

396(7). Is it a dry cough which doesn't produce phlegm?
(*2369=='All Days'||*2369=='Most Days'||*2369=='Some Days')&&(*1322=='Extremely severe'||*1322=='Moderately severe')&&(*1323=='This is a new problem'||*1323=='It is getting worse'||*1323=='No change')

○ Yes ○ No

397(8). Has it persisted for more than a month without other symptoms?
(*396=='Yes')

○ Yes ○ No

398(9). Did it start within the last week?
(*396=='Yes')

○ Yes ○ No

399(10). Have you also had fever above 100F?
(*398=='Yes')

○ Yes ○ No

400(11). Are you short of breath?
(*398=='Yes')

○ Yes ○ No

1388(12). Do you produce phlegm with your cough?
(*396=='No')

○ Yes ○ No

401(13). What color is the phlegm?
(*396=='No')

○ Greenish-yellow ○ Clear ○ Yellow ○ Brown ○ Bloody

402(14). Has it persisted for months?
(*401=='Greenish-yellow')

○ Yes ○ No

403(15). Has your cough gotten worse?
(*401=='Greenish-yellow')

○ Yes ○ No

404(16). Have you worked in a dusty atmosphere such as a quarry or mine?
(*401=='Greenish-yellow')

○ Yes ○ No

10915(17). Have you had night sweats?
(*402=='Yes')||(*403=='Yes')||(*404=='Yes')

○ Yes ○ No

10916(18). Have you had fever above 101F?
(*402=='Yes')||(*403=='Yes')||(*404=='Yes')

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○ Yes ○ No

405(19). Do you cough mostly in the morning?

```
(*2369=='All Days'||*2369=='Most Days'||*2369=='Some Days')&&(*1322=='Extremely
severe'||*1322=='Moderately severe')&&(*1323=='This is a new problem'||*1323=='It is getting
worse'||*1323=='No change')
```

○ Yes ○ No

406(20). Do you cough mostly after exercise?

```
(*2369=='All Days'||*2369=='Most Days'||*2369=='Some Days')&&(*1322=='Extremely
severe'||*1322=='Moderately severe')&&(*1323=='This is a new problem'||*1323=='It is getting
worse'||*1323=='No change')
```

○ Yes ○ No

407(21). Do you cough mostly during exercise?

```
(*2369=='All Days'||*2369=='Most Days'||*2369=='Some Days')&&(*1322=='Extremely
severe'||*1322=='Moderately severe')&&(*1323=='This is a new problem'||*1323=='It is getting
worse'||*1323=='No change')
```

○ Yes ○ No

408(22). Are these episodes associated with shortness of breath?

```
(*405=='Yes')||(*406=='Yes')||(*407=='Yes')
```

○ Yes ○ No

410(24). Are these episodes associated with chest tightness?

```
(*407=='Yes')||(*405=='Yes')||(*406=='Yes')
```

○ Yes ○ No

411(25). Are these episodes associated with wheezing?

```
(*407=='Yes')||(*405=='Yes')||(*406=='Yes')
```

○ Yes ○ No

412(26). Has your work involved regular contact with grains?

```
(*2369=='All Days'||*2369=='Most Days'||*2369=='Some Days')&&(*1322=='Extremely
severe'||*1322=='Moderately severe')&&(*1323=='This is a new problem'||*1323=='It is getting
worse'||*1323=='No change')
```

○ Yes ○ No

413(27). Has your work involved caged birds?

```
(*2369=='All Days'||*2369=='Most Days'||*2369=='Some Days')&&(*1322=='Extremely
severe'||*1322=='Moderately severe')&&(*1323=='This is a new problem'||*1323=='It is getting
worse'||*1323=='No change')
```

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○ Yes ○ No

2468(28). Have you been seen by a health care professional or taken medication for your coughing in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*395)||member('Yes, more than 5 years ago',*395)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2549(30). Did you undergo a medical procedure or an operation for your coughing in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2468)||member('Yes, I have seen a nurse or physicians
assistant',*2468)||member('Yes, I have seen a chiropractor or acupuncturist',*2468)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4409(31). Has coughing been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *395)||member('Yes, during a period, 6 months to 5 years ago', *395)
||member('Yes, more than 5 years ago', *395)||member('Never', *395)
```

○ Yes ○ No

4410(32). Please identify who in your family has had a problem with coughing or a similar diagnosis:

```
*4409=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

414(33). Do you have episodes of shortness of breath?

```
true
```

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2370(34). How often have your episodes of shortness of breath been a problem for you in the last month?

```
member('Yes, in the past 6 months',*414)
```

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1324(35). How severe is the shortness of breath?

```
member('Yes, in the past 6 months',*414)
```

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1325(36). How would you describe the shortness of breath over the last month?

member('Yes, in the past 6 months',*414)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1464(37). Have you been seen by a health care professional or taken medication for your shortness of breath in the past 6 months?

member('Yes, in the past 6 months',*414)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2589(38). Did you undergo a medical procedure or an operation for your shortness of breath in the last 6 months?

member('Yes, I have seen a physician',*1464)||member('Yes, I have seen a nurse or physicians assistant',*1464)||member('Yes, I have seen a chiropractor or acupuncturist',*1464)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

415(39). Does it occur at rest?

(*2370=='All Days'||*2370=='Most Days'||*2370=='Some Days')&&(*1324=='Extremely severe'||*1324=='Moderately severe')&&(*1325=='This is a new problem'||*1325=='It is getting worse'||*1325=='No change')

○ Yes ○ No

416(40). Does it occur with minimal activity?

(*2370=='All Days'||*2370=='Most Days'||*2370=='Some Days')&&(*1324=='Extremely severe'||*1324=='Moderately severe')&&(*1325=='This is a new problem'||*1325=='It is getting worse'||*1325=='No change')

○ Yes ○ No

417(41). Do you also have a cough which wakes you up at night?

false||(*415=='Yes')||(*416=='Yes')

○ Yes ○ No

418(42). Is your shortness of breath better if you sit up?

false||(*415=='Yes')||(*416=='Yes')

○ Yes ○ No

419(43). Do you have enlarged veins on the side of your neck?

false||(*417=='Yes')||(*418=='Yes')

○ Yes ○ No

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420(44). Do you have swelling in your feet?
```
false||(*417=='Yes')||(*418=='Yes')
```
○ Yes ○ No

421(45). Do you have epidoses of wheezing?
```
false||(*415=='Yes')||(*416=='Yes')
```
○ Yes ○ No

422(46). Do you have episodes of chest tightness?
```
false||(*415=='Yes')||(*416=='Yes')
```
○ Yes ○ No

423(47). Is it associated with pain in your chest that increases with deep breathing?
```
(*2370=='All Days'||*2370=='Most Days'||*2370=='Some Days')&&(*1324=='Extremely
severe'||*1324=='Moderately severe')&&(*1325=='This is a new problem'||*1325=='It is getting
worse'||*1325=='No change')
```
○ Yes ○ No

424(48). Have you been coughing up blood?
```
false||(*423=='Yes')
```
○ Yes ○ No

425(49). Have you been coughing up pink frothy phlegm?
```
false||(*423=='Yes')
```
○ Yes ○ No

426(50). Does the pain occur at a specific point which can be reproduced by pushing on it?
```
false||(*423=='Yes')
```
○ Yes ○ No

186(51). Do you have palpitations?
```
(*2370=='All Days'||*2370=='Most Days'||*2370=='Some Days')&&(*1324=='Extremely
severe'||*1324=='Moderately severe')&&(*1325=='This is a new problem'||*1325=='It is getting
worse'||*1325=='No change')
```
○ Yes ○ No

428(52). Do you feel like your heart is racing?
```
(*2370=='All Days'||*2370=='Most Days'||*2370=='Some Days')&&(*1324=='Extremely
severe'||*1324=='Moderately severe')&&(*1325=='This is a new problem'||*1325=='It is getting
worse'||*1325=='No change')
```

○ Yes ○ No

2469(54). Have you been seen by a health care professional or taken medication for your shortness of breath in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*414)||member('Yes, more than 5 years ago',*414)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2550(56). Did you undergo a medical procedure or an operation for your shortness of breath in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2469)||member('Yes, I have seen a nurse or physicians
assistant',*2469)||member('Yes, I have seen a chiropractor or acupuncturist',*2469)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4363(57). Has shortness of breath been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *414)||member('Yes, during a period, 6 months to 5 years ago', *414)
||member('Yes, more than 5 years ago', *414)||member('Never', *414)
```

○ Yes ○ No

4364(58). Please identify who in your family has had a problem with shortness of breath or a similar diagnosis:

```
*4363=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

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Feedback

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Cardiac System

448(1). Do you have chest discomfort?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2371(2). How often has your chest discomfort been a problem for you in the last month?
member('Yes, in the past 6 months',*448)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1326(3). How severe is the chest discomfort?
member('Yes, in the past 6 months',*448)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1327(4). How would you describe the chest discomfort over the last month?
member('Yes, in the past 6 months',*448)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1465(5). Have you been seen by a health care professional or taken medication for your chest discomfort in the past 6 months?
member('Yes, in the past 6 months',*448)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2552(6). Did you undergo a medical procedure or an operation for your chest discomfort in the last 6 months?
member('Yes, I have seen a physician',*1465)||member('Yes, I have seen a nurse or physicians assistant',*1465)||member('Yes, I have seen a chiropractor or acupuncturist',*1465)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

449(7). Do you have heaviness or pressure in your chest?
(*2371=='All Days'||*2371=='Most Days'||*2371=='Some Days')&&(*1326=='Extremely severe'||*1326=='Moderately severe')&&(*1327=='This is a new problem'||*1327=='It is getting worse'||*1327=='No change')

○ Yes ○ No

450(8). Do you have burning pain in the middle of your chest?
(*2371=='All Days'||*2371=='Most Days'||*2371=='Some Days')&&(*1326=='Extremely

```
severe'||*1326=='Moderately severe')&&(*1327=='This is a new problem'||*1327=='It is getting
worse'||*1327=='No change')
```

○ Yes ○ No

451(9). Does the pain in your chest travel to your shoulder(s)?

```
false||(*450=='Yes')
```

○ Yes ○ No

452(10). Does the pain in your chest travel to your arm(s)?

```
false||(*450=='Yes')
```

○ Yes ○ No

453(11). Does the pain in your chest travel to your neck?

```
false||(*450=='Yes')
```

○ Yes ○ No

477(12). Does the chest discomfort disrupt an activity until it passes?

```
false||(*449=='Yes')
```

○ Yes ○ No

476(13). Does the chest discomfort cause you to lose sleep?

```
false||(*449=='Yes')
```

○ Yes ○ No

454(14). Does the pain increase with activity?

```
false||(*477=='Yes')
```

○ Yes ○ No

455(15). Does the pain increase after a big meal?

```
false||(*449=='Yes')
```

○ Yes ○ No

456(16). Does the pain increase with extreme emotions?

```
false||(*449=='Yes')
```

○ Yes ○ No

457(17). Does the pain go away with rest?

```
false||(*454=='Yes')
```

○ Yes ○ No

458(18). Do you take Nitroglycerin for the pain?

false||(*454=='Yes')

○ Yes ○ No

459(19). Does Nitroglycerin make the pain go away?

false||(*458=='Yes')

○ Yes ○ No

460(20). Does the pain increase with deep breathing?

false||(*454=='Yes')|| (*455=='Yes') || (*456=='Yes')

○ Yes ○ No

461(21). Does the pain increase with deep coughing?

false||(*454=='Yes')|| (*455=='Yes') || (*456=='Yes')

○ Yes ○ No

462(22). Does the pain get better if you sit up or lean forward?

false||(*460=='Yes')||(*461=='Yes')

○ Yes ○ No

463(23). Do you also cough up pleghm?

false||(*460=='Yes')||(*461=='Yes')

○ Yes ○ No

464(24). Is it usually bloody?

false||(*463=='Yes')

○ Yes ○ No

465(25). Is the pain related to eating?

false||(*460=='Yes')||(*461=='Yes')

○ Yes ○ No

466(26). Do you also have reflux?

false||(*460=='Yes')||(*461=='Yes')

○ Yes ○ No

467(27). Does the pain last longer than 30 minutes?

(*449=='Yes') || (*450=='Yes') || (*451=='Yes') || (*452=='Yes') || (*453=='Yes') ||
(*477=='Yes')

○ Yes ○ No

468(28). Does the pain fail to get better with rest?

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```
(*449=='Yes') || (*450=='Yes') || (*451=='Yes') || (*452=='Yes') || (*453=='Yes') ||
(*477=='Yes')
```

○ Yes ○ No

10856(29). Do you also feel nauseated?

```
false||(*467=='Yes')||(*468=='Yes')
```

○ Yes ○ No

470(31). Do you also feel dizzy?

```
false||(*467=='Yes')||(*468=='Yes')
```

○ Yes ○ No

471(32). Do you also feel sweaty?

```
false||(*467=='Yes')||(*468=='Yes')
```

○ Yes ○ No

2471(43). Have you been seen by a health care professional or taken medication for your chest discomfort in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*448)||member('Yes, more than 5 years ago',*448)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2551(44). Did you undergo a medical procedure or an operation for your chest discomfort in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2471)||member('Yes, I have seen a nurse or physicians
assistant',*2471)||member('Yes, I have seen a chiropractor or acupuncturist',*2471)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4411(46). Has chest discomfort been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *448)||member('Yes, during a period, 6 months to 5 years ago', *448)
||member('Yes, more than 5 years ago', *448)||member('Never', *448)
```

○ Yes ○ No

4412(47). Please identify who in your family has had a problem with chest discomfort or a similar diagnosis:

```
*4411=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

478(48). Do you have difficulty breathing?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2372(51). How often has your difficulty breathing been a problem for you in the last month?
member('Yes, in the past 6 months',*478)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1328(52). How severe is the difficulty breathing?
member('Yes, in the past 6 months',*478)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1329(53). How would you describe the difficulty breathing over the last month?
member('Yes, in the past 6 months',*478)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1466(54). Have you been seen by a health care professional or taken medication for your difficulty breathing in the past 6 months?
member('Yes, in the past 6 months',*478)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2554(55). Did you undergo a medical procedure or an operation for your difficulty breathing in the last 6 months?
member('Yes, I have seen a physician',*1466)||member('Yes, I have seen a nurse or physicians assistant',*1466)||member('Yes, I have seen a chiropractor or acupuncturist',*1466)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

480(56). Do you also have swelling in your feet?
(*2372=='All Days'||*2372=='Most Days'||*2372=='Some Days')&&(*1328=='Extremely severe'||*1328=='Moderately severe')&&(*1329=='This is a new problem'||*1329=='It is getting worse'||*1329=='No change')

○ Yes ○ No

481(57). Do you sleep with your head raised up on three or more pillows?
(*2372=='All Days'||*2372=='Most Days'||*2372=='Some Days')&&(*1328=='Extremely severe'||*1328=='Moderately severe')&&(*1329=='This is a new problem'||*1329=='It is getting worse'||*1329=='No change')

○ Yes ○ No

482(58). Do you ever sleep in a chair to improve your chest discomfort?

```
(*2372=='All Days'||*2372=='Most Days'||*2372=='Some Days')&&(*1328=='Extremely
severe'||*1328=='Moderately severe')&&(*1329=='This is a new problem'||*1329=='It is getting
worse'||*1329=='No change')
```

○ Yes ○ No

2470(59). Have you been seen by a health care professional or taken medication for your difficulty breathing in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*478)||member('Yes, more than 5 years ago',*478)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2553(60). Did you undergo a medical procedure or an operation for your difficulty breathing in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2470)||member('Yes, I have seen a nurse or physicians
assistant',*2470)||member('Yes, I have seen a chiropractor or acupuncturist',*2470)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4413(61). Has difficulty breathing been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *478)||member('Yes, during a period, 6 months to 5 years ago', *478)
||member('Yes, more than 5 years ago', *478)||member('Never', *478)
```

○ Yes ○ No

4414(62). Please identify who in your family has had a problem with difficulty breathing or a similar diagnosis:

```
*4413=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

472(63). Do you have palpitations or feel like your heart is skipping a beat?

```
true
```

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2373(64). How often have your palpitations been a problem for you in the last month?

```
member('Yes, in the past 6 months',*472)
```

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○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1510(65). How severe are your palpitations?
member('Yes, in the past 6 months',*472)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1511(66). How would you describe your palpitations over the last month?
member('Yes, in the past 6 months',*472)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1512(67). Have you been seen by a health care professional or taken medication for your palpitations in the past 6 months?
member('Yes, in the past 6 months',*472)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2556(69). Did you undergo a medical procedure or an operation for your palpitations in the last 6 months?
member('Yes, I have seen a physician',*1512)||member('Yes, I have seen a nurse or physicians assistant',*1512)||member('Yes, I have seen a chiropractor or acupuncturist',*1512)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

1513(70). Does caffeine seem to make your palpitations worse?
(*2373=='All Days'||*2373=='Most Days'||*2373=='Some Days')

○ Yes ○ No

1514(71). Does alcohol seem to make your palpitations worse?
*2373=='All Days'||*2373=='Most Days'||*2373=='Some Days'

○ Yes ○ No

1515(72). Does stress seem to make your palpitations worse?
*2373=='All Days'||*2373=='Most Days'||*2373=='Some Days'

○ Yes ○ No

2472(73). Have you been seen by a health care professional or taken medication for your palpitations in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*472)||member('Yes, more than 5 years ago',*472)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken

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medication

2555(74). Did you undergo a medical procedure or an operation for your palpitations in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2472)||member('Yes, I have seen a nurse or physicians
assistant',*2472)||member('Yes, I have seen a chiropractor or acupuncturist',*2472)
```

☐ **Yes, I underwent a medical procedure** ☐ **Yes, I underwent an operation** ☐ **No**

4365(75). Have palpitations been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *472)||member('Yes, during a period, 6 months to 5 years ago', *472)
||member('Yes, more than 5 years ago', *472)||member('Never', *472)
```

○ **Yes** ○ **No**

4366(76). Please identify who in your family has had a problem with palpitations or a similar diagnosis:

```
*4365=='Yes'
```

☐ **mother** ☐ **father** ☐ **sister #1 (oldest)** ☐ **sister #2** ☐ **sister #3** ☐ **sister #4** ☐ **brother #1 (oldest)** ☐ **brother #2** ☐ **brother #3** ☐ **brother #4** ☐ **maternal grandmother** ☐ **maternal grandfather** ☐ **paternal grandmother** ☐ **paternal grandfather**

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Feedback

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TOBACCO SMOKED

Abdomen

484(1). Do you experience abdominal pain (between the bottom of your ribcage and your groin)?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2374(2). How often has your abdominal pain been a problem for you in the last month?
member('Yes, in the past 6 months',*484)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1330(3). How severe is the abdominal pain?
member('Yes, in the past 6 months',*484)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1331(4). How would you describe the abdominal pain over the last month?
member('Yes, in the past 6 months',*484)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1467(5). Have you been seen by a health care professional or taken medication for your abdominal pain in the past 6 months?
member('Yes, in the past 6 months',*484)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2558(6). Did you undergo a medical procedure or an operation for your abdominal pain in the last 6 months?
member('Yes, I have seen a physician',*1467)||member('Yes, I have seen a nurse or physicians assistant',*1467)||member('Yes, I have seen a chiropractor or acupuncturist',*1467)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

485(7). Do you have vague pain in the middle of your upper abdomen?
(*2374=='All Days'||*2374=='Most Days'||*2374=='Some Days')&&(*1330=='Extremely severe'||*1330=='Moderately severe')&&(*1331=='This is a new problem'||*1331=='It is getting worse'||*1331=='No change')

○ Yes ○ No

486(8). Is the pain sometimes sharp with a burning sensation?
false||(*485=='Yes')

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○ Yes ○ No

487(9). Does the pain ever wake you up at night?
false||(*485=='Yes')

○ Yes ○ No

488(10). Does the pain start about 11/2 to 3 hours after eating?
false||(*486=='Yes') || (*487=='Yes')

○ Yes ○ No

489(11). Does the pain get better if you eat something?
false||(*488=='Yes')

○ Yes ○ No

490(12). Does the pain get better with antacids?
false||(*488=='Yes')

○ Yes ○ No

1090(13). Do you have episodes of vomiting blood?
false||(*485=='Yes')

○ Yes ○ No

492(14). Is it bright red?
false||(*1090=='Yes')

○ Yes ○ No

493(15). Is it dark brown or like coffee grounds?
(*492=='No')

○ Yes ○ No

494(16). Do you have a burning pain in the center of your chest?
(*2374=='All Days'||*2374=='Most Days'||*2374=='Some Days')&&(*1330=='Extremely severe'||*1330=='Moderately severe')&&(*1331=='This is a new problem'||*1331=='It is getting worse'||*1331=='No change')

○ Yes ○ No

495(17). Is the pain worse when you are bending or lying down?
false||(*494=='Yes')

○ Yes ○ No

496(18). Do you have pain in your right upper abdomen?

T00220 "eshot60

(*2374=='All Days'||*2374=='Most Days'||*2374=='Some Days')&&(*1330=='Extremely severe'||*1330=='Moderately severe')&&(*1331=='This is a new problem'||*1331=='It is getting worse'||*1331=='No change')

○ Yes ○ No

249(19). Do you feel nauseated when you have pain in your right upper abdomen?
false||(*496=='Yes')

○ Yes ○ No

498(20). Do you also have fevers?
false||(*496=='Yes')

○ Yes ○ No

499(21). Do you also feel tired?
false||(*496=='Yes')

○ Yes ○ No

500(22). Do you also get a sore throat which comes and goes?
false||(*496=='Yes')

○ Yes ○ No

501(23). Do you also have general aches and pains?
false||(*496=='Yes')

○ Yes ○ No

502(24). Do you also have pain in your eyes when you look at light?
false||(*496=='Yes')

○ Yes ○ No

1094(27). Do you notice that your skin is generally more yellow than it used to be?
false||(*502=='Yes')||(*501=='Yes')||(*500=='Yes')||(*499=='Yes')||(*498=='Yes')||(*249=='Yes')

○ Yes ○ No

504(28). Do you notice that the white portion of your eyes are yellowish?
false||(*502=='Yes')||(*501=='Yes')||(*500=='Yes')||(*499=='Yes')||(*498=='Yes')||(*249=='Yes')

○ Yes ○ No

505(29). Did the yellow coloration of your skin or eyes develop about 1 to 2 weeks after you started to have pain in your right upper abdomen?
(*504=='Yes')||(*1094=='Yes')

T00220 "2370660

○ Yes ○ No

506(30). Does the pain in your right upper abdomen occur about 30 minutes after eating a meal which is high in fat?

```
(*249=='Yes')||(*498=='Yes')||(*499=='Yes')||(*500=='Yes')||(*501=='Yes')||(*502=='Yes')
```

○ Yes ○ No

508(31). Do you also have itchy skin?

```
false||(*506=='Yes')
```

○ Yes ○ No

509(32). Do you also have yellowish coloration of the white portion of your eyes?

```
false||(*506=='Yes')
```

○ Yes ○ No

510(33). Do you also notice that your skin is generally more yellow than it used to be?

```
false||(*506=='Yes')
```

○ Yes ○ No

511(34). Do you have episodes of bloody diarrhea?

```
false||(*508=='Yes')||(*509=='Yes')||(*510=='Yes')
```

○ Yes ○ No

512(35). Do you also have achy pain in many joints in your body?

```
false||(*508=='Yes')||(*509=='Yes')||(*510=='Yes')
```

○ Yes ○ No

513(36). Do you have pain in your right lower abdomen?

```
(*2374=='All Days'||*2374=='Most Days'||*2374=='Some Days')&&(*1330=='Extremely
severe'||*1330=='Moderately severe')&&(*1331=='This is a new problem'||*1331=='It is getting
worse'||*1331=='No change')
```

○ Yes ○ No

216(37). Do you have a fever?

```
false||(*513=='Yes')
```

○ Yes ○ No

1095(39). Do you feel nauseated?

```
false||(*513=='Yes')
```

○ Yes ○ No

T0020" esh0t660

516(40). Do you also have episodes of vomiting?
`false||(*513=='Yes')`

○ Yes ○ No

517(41). Do you also have episodes of diarrhea?
`false||(*513=='Yes')`

○ Yes ○ No

518(42). Does the pain move to your belly button area?
`false||(*216=='Yes')||(*1095=='Yes')||(*516=='Yes')||(*517=='Yes')`

○ Yes ○ No

519(43). Does the pain come and go in relation to your menstrual cycle?
`false||(*513=='Yes' && *125=='Female')`

○ Yes ○ No

520(44). Do you have any unusual vaginal discharge?
`false||(*513=='Yes' && *125=='Female')`

○ Yes ○ No

521(45). Do you have pain in your lower abdomen?
`(*2374=='All Days'||*2374=='Most Days'||*2374=='Some Days')&&(*1330=='Extremely severe'||*1330=='Moderately severe')&&(*1331=='This is a new problem'||*1331=='It is getting worse'||*1331=='No change')`

○ Yes ○ No

522(46). Do you also have bleeding from your rectum?
`false||(*521=='Yes')`

○ Yes ○ No

523(47). Do you also have fevers that come and go?
`false||(*521=='Yes')`

○ Yes ○ No

524(48). Do you also get episodes of diarrhea?
`false||(*521=='Yes')`

○ Yes ○ No

525(49). Is it ever bloody diarrhea?
`false||(*524=='Yes')`

T00220 E9H0T660

○ Yes ○ No

526(51). Do you generally feel tired?

```
false||(*521=='Yes')
```

○ Yes ○ No

527(52). Have you ever had an abscess or ulcer by your anus?

```
false||(*526=='Yes')||(*525=='Yes')||(*524=='Yes')||(*523=='Yes')||(*522=='Yes')
```

○ Yes ○ No

528(53). Have you had explosive watery diarrhea?

```
false||(*526=='Yes')||(*525=='Yes')||(*524=='Yes')||(*523=='Yes')||(*522=='Yes')
```

○ Yes ○ No

529(54). Do you also have fevers when you have watery diarrhea?

```
false||(*526=='Yes')||(*525=='Yes')||(*524=='Yes')||(*523=='Yes')||(*522=='Yes')
```

○ Yes ○ No

530(55). Do you have diarrhea at night?

```
false||(*526=='Yes')||(*525=='Yes')||(*524=='Yes')||(*523=='Yes')||(*522=='Yes')
```

○ Yes ○ No

531(56). Do you also have fever which comes and goes?

```
false||(*526=='Yes')||(*525=='Yes')||(*524=='Yes')||(*523=='Yes')||(*522=='Yes')
```

○ Yes ○ No

533(58). Have you also been losing weight without trying to?

```
false||(*526=='Yes')||(*525=='Yes')||(*524=='Yes')||(*523=='Yes')||(*522=='Yes')
```

○ Yes ○ No

534(59). Do you have pain in your left lower abdomen?

```
(*2374=='All Days'||*2374=='Most Days'||*2374=='Some Days')&&(*1330=='Extremely
severe'||*1330=='Moderately severe')&&(*1331=='This is a new problem'||*1331=='It is getting
worse'||*1331=='No change')
```

○ Yes ○ No

535(60). Do you have alternating epidsodes of diarrhea and constipation?

```
false||(*534=='Yes')
```

○ Yes ○ No

536(61). Does the pain feel better after going to the bathroom?

false||(*535=='Yes')

○ Yes ○ No

2473(62). Have you been seen by a health care professional or taken medication for your abdominal pain in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*484)||member('Yes, more than 5 years ago',*484)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2557(63). Did you undergo a medical procedure or an operation for your abdominal pain in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2473)||member('Yes, I have seen a nurse or physicians assistant',*2473)||member('Yes, I have seen a chiropractor or acupuncturist',*2473)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4415(64). Has abdominal pain been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *484)||member('Yes, during a period, 6 months to 5 years ago', *484)||member('Yes, more than 5 years ago', *484)||member('Never', *484)

○ Yes ○ No

4416(65). Please identify who in your family has had a problem with abdominal pain or a similar diagnosis:
*4415=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

537(66). Do you have episodes of painful urination?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2375(67). How often have your episodes of painful urination been a problem for you in the last month?
member('Yes, in the past 6 months',*537)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1336(68). How severe is the painful urination?
member('Yes, in the past 6 months',*537)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

Topaz Shotgun

1337(69). How would you describe the painful urination over the last month?
member('Yes, in the past 6 months',*537)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1468(70). Have you been seen by a health care professional or taken medication for your painful urination in the past 6 months?
member('Yes, in the past 6 months',*537)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2593(71). Did you undergo a medical procedure or an operation for the painful urination in the last 6 months?
member('Yes, I have seen a physician',*1468)||member('Yes, I have seen a nurse or physicians assistant',*1468)||member('Yes, I have seen a chiropractor or acupuncturist',*1468)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

2474(72). Have you been seen by a health care professional or taken medication for your painful urination in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*537)||member('Yes, more than 5 years ago',*537)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2592(73). Did you undergo a medical procedure or an operation for the painful urination in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2474)||member('Yes, I have seen a nurse or physicians assistant',*2474)||member('Yes, I have seen a chiropractor or acupuncturist',*2474)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4417(74). Has painful urination been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *537)||member('Yes, during a period, 6 months to 5 years ago', *537)||member('Yes, more than 5 years ago', *537)||member('Never', *537)

○ Yes ○ No

4418(75). Please identify who in your family has had a problem with painful urination or a similar diagnosis:
*4417=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

TOPICAL ESTATE

538(76). Do you ever have blood in your urine?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2376(78). How often has blood in your urine been a problem for you in the last month?
member('Yes, in the past 6 months',*538)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1332(79). How severe is the blood in your urine?
member('Yes, in the past 6 months',*538)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1333(80). How would you describe the blood in your urine over the last month?
member('Yes, in the past 6 months',*538)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1469(81). Have you been seen by a health care professional or taken medication for your blood in the urine in the past 6 months?
member('Yes, in the past 6 months',*538)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2595(82). Did you undergo a medical procedure or an operation for blood in your urine in the last 6 months?
member('Yes, I have seen a physician',*1469)||member('Yes, I have seen a nurse or physicians assistant',*1469)|member('Yes, I have seen a chiropractor or acupuncturist',*1469)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

539(83). Do you also have a burning pain in your lower back?
member(*2376,'All Days|Most Days|Some Days|Few Days')&&member(*1332,'Extremely severe|Moderately &&member(*1333,'This is a new problem|It is getting worse|No change')

○ Yes ○ No

540(84). Do you have repeat episodes of intense lower back pain?
member(*2376,'All Days|Most Days|Some Days|Few Days')&&(*1332=='Extremely severe'||*1332=='Moderately severe')&&(*1333=='This is a new problem'||*1333=='It is getting worse'||*1333=='No change')

○ Yes ○ No

2475(85). Have you been seen by a health care professional or taken medication for blood in your urine in the

T0026" 2370660

past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*538)||member('Yes, more than 5 years ago',*538)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2594(86). Did you undergo a medical procedure or an operation for blood in your urine in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2475)||member('Yes, I have seen a nurse or physicians assistant',*2475)||member('Yes, I have seen a chiropractor or acupuncturist',*2475)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4419(87). Has blood in urine been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *538)||member('Yes, during a period, 6 months to 5 years ago', *538)||member('Yes, more than 5 years ago', *538)||member('Never', *538)

○ Yes ○ No

4420(88). Please identify who in your family has had a problem with blood in their urine or a similar diagnosis:
*4419=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

541(89). Have you noticed that your stool has changed in color?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2377(90). How often has the change in color of your stool been a problem for you in the last month?
member('Yes, in the past 6 months',*541)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1334(91). How severe is the change in color of your stool?
member('Yes, in the past 6 months',*541)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1335(92). How would you describe the change in stool color over the last month?
member('Yes, in the past 6 months',*541)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

Tobacco Shot60

1470(93). Have you been seen by a health care professional or taken medication for your change in stool color in the past 6 months?

```
member('Yes, in the past 6 months',*541)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2597(94). Did you undergo a medical procedure or an operation for your change in stool color in the last 6 months?

```
member('Yes, I have seen a physician',*1470)||member('Yes, I have seen a nurse or physicians
assistant',*1470)||member('Yes, I have seen a chiropractor or acupuncturist',*1470)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

542(95). Is it ever bloody?

```
(*2377=='All Days'||*2377=='Most Days'||*2377=='Some Days')&&(*1334=='Extremely
severe'||*1334=='Moderately severe')&&(*1335=='This is a new problem'||*1335=='It is getting
worse'||*1335=='No change')
```

○ Yes ○ No

543(96). Is it usually bright red?

```
false||(*542=='Yes')
```

○ Yes ○ No

544(97). Have you noticed that there is a decrease in caliber (diameter) of your stool?

```
false||(*542=='Yes')
```

○ Yes ○ No

545(98). Do you also have painful spasms in your rectum before having a bowel movement?

```
false||(*544=='Yes')||(*543=='Yes')
```

○ Yes ○ No

546(99). Do you also have pain in your abdomen?

```
false||(*542=='Yes')
```

○ Yes ○ No

548(101). Have you recently lost weight without trying to?

```
false||(*542=='Yes')
```

○ Yes ○ No

549(102). Is your stool very black or tarry in appearance?

Tooltip shortcut

(*2377=='All Days'||*2377=='Most Days'||*2377=='Some Days')&&(*1334=='Extremely severe'||*1334=='Moderately severe')&&(*1335=='This is a new problem'||*1335=='It is getting worse'||*1335=='No change')

○ Yes ○ No

550(103). Are you taking iron supplements?
false||(*549=='Yes')

○ Yes ○ No

10840(104). Do you also feel generally tired?
false||(*549=='Yes')

○ Yes ○ No

552(106). Do you also feel generally weak?
false||(*549=='Yes')

○ Yes ○ No

553(107). Do you also have episodes of palpitations?
false||(*549=='Yes')

○ Yes ○ No

554(108). Do you also have episodes of chest pain?
false||(*549=='Yes')

○ Yes ○ No

555(109). Do you have diarrhea mostly at night?
false||(*549=='Yes')

○ Yes ○ No

556(110). Is it yellow and greasy?
(*2377=='All Days'||*2377=='Most Days'||*2377=='Some Days')&&(*1334=='Extremely severe'||*1334=='Moderately severe')&&(*1335=='This is a new problem'||*1335=='It is getting worse'||*1335=='No change')

○ Yes ○ No

557(111). Do you also have crampy pain in your lower abdomen?
false||(*556=='Yes')

○ Yes ○ No

558(112). In general, do you also feel weak?
false||(*556=='Yes')

T00220 "ESHOT660

○ Yes ○ No

559(113). In general, do you also feel tired?
`false||(*556=='Yes')`

○ Yes ○ No

560(114). Have you lost weight recently without trying to?
`false||(*556=='Yes')`

○ Yes ○ No

561(115). Is your skin color getting darker or turning yellow?
`false||(*560=='Yes')||(*559=='Yes')||(*558=='Yes')||(*557=='Yes')`

○ Yes ○ No

562(116). Do you bruise easily?
`false||(*561=='Yes')`

○ Yes ○ No

563(117). Do you also have bone pain?
`false||(*561=='Yes')`

○ Yes ○ No

564(118). Do you also have night blindness?
`false||(*561=='Yes')`

○ Yes ○ No

565(119). Do you have repeat episodes of fever?
`false||(*564=='Yes')||(*563=='Yes')||(*562=='Yes')`

○ Yes ○ No

566(120). Do you have repeat episodes of pain in your right upper quandrant?
`false||(*564=='Yes')||(*563=='Yes')||(*562=='Yes')`

○ Yes ○ No

567(121). Is the pain in your right upper quadrant constant?
`(*566=='Yes')`

○ Yes ○ No

568(122). Do you have pain in your upper mid-abdomen?
`(*2377=='All Days'||*2377=='Most Days'||*2377=='Some Days')&&(*1334=='Extremely severe'||*1334=='Moderately severe')&&(*1335=='This is a new problem'||*1335=='It is getting`

T00220 "ESMOT660

worse'||*1335=='No change')

○ Yes ○ No

569(123). Does the pain sometimes travel to your back?
(*568=='Yes')

○ Yes ○ No

570(124). Does the pain get worse when you lay down?
(*568=='Yes')

○ Yes ○ No

571(126). Does the pain get better when you sit up with your knees drawn up?
(*568=='Yes')

○ Yes ○ No

1103(127). Are these symptoms worse when you have food or drink with wheat?
(*560=='Yes')||(*559=='Yes')||(*558=='Yes')||(*557=='Yes')

○ Yes ○ No

2476(128). Have you been seen by a health care professional or taken medication for your change in stool color in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*541)||member('Yes, more than 5 years ago',*541)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2596(129). Did you undergo a medical procedure or an operation for your change in stool color in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2476)||member('Yes, I have seen a nurse or physicians assistant',*2476)||member('Yes, I have seen a chiropractor or acupuncturist',*2476)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4367(130). Has change in stool color been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *541)||member('Yes, during a period, 6 months to 5 years ago', *541)||member('Yes, more than 5 years ago', *541)||member('Never', *541)

○ Yes ○ No

4368(131). Please identify who in your family has had a problem with a change in stool color or a similar diagnosis:
*4367=='Yes'

T00220 "2970660

☐ **mother** ☐ **father** ☐ **sister #1 (oldest)** ☐ **sister #2** ☐ **sister #3** ☐ **sister #4** ☐ **brother #1 (oldest)** ☐ **brother #2** ☐ **brother #3** ☐ **brother #4** ☐ **maternal grandmother** ☐ **maternal grandfather** ☐ **paternal grandmother** ☐ **paternal grandfather**

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Musculoskeletal

572(1). Do you have pain in your muscle(s)?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2378(2). How often has the pain in your muscle(s) been a problem for you in the last month?
member('Yes, in the past 6 months',*572)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1340(3). How severe is the pain in your muscle(s)?
member('Yes, in the past 6 months',*572)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1341(4). How would you describe the pain in your muscle(s) over the last month?
member('Yes, in the past 6 months',*572)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1472(5). Have you been seen by a health care professional or taken medication for the pain in your muscle(s) in the past 6 months?
member('Yes, in the past 6 months',*572)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2610(6). Did you undergo a medical procedure or an operation for the pain in the muscle(s) in the last 6 months?
member('Yes, I have seen a physician',*1472)||member('Yes, I have seen a nurse or physicians assistant',*1472)||member('Yes, I have seen a chiropractor or acupuncturist',*1472)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

590(7). Do you have numbness or tingling sensation in your feet?
(*2378=='All Days'||*2378=='Most Days')&&(*1340=='Extremely severe'||*1340=='Moderately severe')&&(*1341=='This is a new problem'||*1341=='It is getting worse'||*1341=='No change')

○ Right foot ○ Left foot ○ Both feet ○ No

591(8). Do you have numbness or tingling sensation in your legs?
(*2378=='All Days'||*2378=='Most Days')&&(*1340=='Extremely severe'||*1340=='Moderately severe')&&

(*1341=='This is a new problem'||*1341=='It is getting worse'||*1341=='No change')

○ right leg ○ left leg ○ both legs ○ no

573(9). Do you also have muscle weakness?
(*2378=='All Days'||*2378=='Most Days')&&(*1340=='Extremely severe'||*1340=='Moderately severe')&&
(*1341=='This is a new problem'||*1341=='It is getting worse'||*1341=='No change')

○ Yes ○ No

574(10). Do you also have muscle spasms?
(*2378=='All Days'||*2378=='Most Days')&&(*1340=='Extremely severe'||*1340=='Moderately severe')&&
(*1341=='This is a new problem'||*1341=='It is getting worse'||*1341=='No change')

○ Yes ○ No

575(11). Do you also have muscle tremors?
(*2378=='All Days'||*2378=='Most Days')&&(*1340=='Extremely severe'||*1340=='Moderately severe')&&
(*1341=='This is a new problem'||*1341=='It is getting worse'||*1341=='No change')

○ Yes ○ No

576(12). Do you also have numbness in your thumb, pointer or middle finger?
(*573=='Yes')||(*574=='Yes')||(*575=='Yes')

○ Yes ○ No

2478(13). Have you been seen by a health care professional or taken medication for the pain in your muscle(s) in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*572)||member('Yes, more than 5 years ago',*572)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2609(14). Did you undergo a medical procedure or an operation for the pain in the muscle(s) in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2478)||member('Yes, I have seen a nurse or physicians assistant',*2478)||member('Yes, I have seen a chiropractor or acupuncturist',*2478)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4423(15). Has muscle pain been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *572)||member('Yes, during a period, 6 months to 5 years ago', *572)
||member('Yes, more than 5 years ago', *572)||member('Never', *572)

○ Yes ○ No

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4424(16). Please identify who in your family has had a problem with muscle pain or a similar diagnosis:
*4423=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

577(17). Do you have muscle weakness?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2379(18). How often has your muscle weakness been a problem for you in the last month?
member('Yes, in the past 6 months',*577)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1346(19). How severe is the muscle weakness?
member('Yes, in the past 6 months',*577)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1347(20). How would you describe the muscle weakness over the last month?
member('Yes, in the past 6 months',*577)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1473(21). Have you been seen by a health care professional or taken medication for your muscle weakness in the past 6 months?
member('Yes, in the past 6 months',*577)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2621(22). Did you undergo a medical procedure or an operation for your muscle weakness in the last 6 months?
member('Yes, I have seen a physician',*1473)||member('Yes, I have seen a nurse or physicians assistant',*1473)||member('Yes, I have seen a chiropractor or acupuncturist',*1473)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

578(23). Do you have trouble gettting up out of a chair?
(*2379=='All Days'||*2379=='Most Days')&&(*1346=='Extremely severe'||*1346=='Moderately severe')&&(*1347=='This is a new problem'||*1347=='It is getting worse'||*1347=='No change')

T0026 E9h0T660

○ Yes ○ No

579(24). Do you have trouble climbing up or down stairs?

```
(*2379=='All Days'||*2379=='Most Days')&&(*1346=='Extremely severe'||*1346=='Moderately severe')&&
(*1347=='This is a new problem'||*1347=='It is getting worse'||*1347=='No change')
```

○ Yes ○ No

580(25). Do you have difficulty combing your hair?

```
(*2379=='All Days'||*2379=='Most Days')&&(*1346=='Extremely severe'||*1346=='Moderately severe')&&
(*1347=='This is a new problem'||*1347=='It is getting worse'||*1347=='No change')
```

○ Yes ○ No

581(26). Do you have difficulty reaching high objects?

```
(*2379=='All Days'||*2379=='Most Days')&&(*1346=='Extremely severe'||*1346=='Moderately severe')&&
(*1347=='This is a new problem'||*1347=='It is getting worse'||*1347=='No change')
```

○ Yes ○ No

582(27). Do you have difficulty swallowing?

```
(*581=='Yes')||(*580=='Yes')||(*579=='Yes')||(*578=='Yes')
```

○ Yes ○ No

583(28). Do you have difficulty bending your head forward?

```
(*581=='Yes')||(*580=='Yes')||(*579=='Yes')||(*578=='Yes')
```

○ Yes ○ No

584(29). Do you have swollen eyelids?

```
(*581=='Yes')||(*580=='Yes')||(*579=='Yes')||(*578=='Yes')
```

○ Yes ○ No

585(30). Do your eyelids have a lilac coloration?

```
false||(*584=='Yes')
```

○ Yes ○ No

588(33). Do you also have a rash?

```
false||(*584=='Yes')
```

○ Yes ○ No

589(34). Where is the rash?

```
false||(*584=='Yes' && *588=='Yes')
```

☐ bridge of your nose ☐ cheeks ☐ chest ☐ elbows ☐ other

592(37). Do you notice that you drink more frequently than you used to?
(*591=='Yes')||(*590=='Yes')

○ Yes ○ No

593(38). Do you eat more food than you used to?
(*591=='Yes')||(*590=='Yes')

○ Yes ○ No

594(39). Do you go to the bathroom more frequently than you used to?
(*591=='Yes')||(*590=='Yes')

○ Yes ○ No

2477(40). Have you been seen by a health care professional or taken medication for your muscle weakness in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*577)||member('Yes, more than 5 years ago',*577)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2611(41). Did you undergo a medical procedure or an operation for your muscle weakness in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2477)||member('Yes, I have seen a nurse or physicians assistant',*2477)||member('Yes, I have seen a chiropractor or acupuncturist',*2477)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4425(42). Has muscle weakness been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *577)||member('Yes, during a period, 6 months to 5 years ago', *577)||member('Yes, more than 5 years ago', *577)||member('Never', *577)

○ Yes ○ No

4426(43). Please identify who in your family has had a problem with muscle weakness or a similar diagnosis:
*4425=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

595(44). Do you have pain in your back?
true

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☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2380(45). How often has the pain in your back been a problem for you in the last month?
member('Yes, in the past 6 months',*595)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1348(46). How severe is the pain in your back?
member('Yes, in the past 6 months',*595)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1349(47). How would you describe the pain in your back over the last month?
member('Yes, in the past 6 months',*595)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1474(48). Have you been seen by a health care professional or taken medication for the pain in your back in the past 6 months?
member('Yes, in the past 6 months',*595)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2613(49). Did you undergo a medical procedure or an operation for your back pain in the last 6 months?
member('Yes, I have seen a physician',*1474)||member('Yes, I have seen a nurse or physicians assistant',*1474)||member('Yes, I have seen a chiropractor or acupuncturist',*1474)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

596(50). Did the pain start after lifting something heavy or after unusually strenuous exercise?
(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting worse'||*1349=='No change')

○ Yes ○ No

597(51). Does the pain shoot down your leg(s)?
(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting worse'||*1349=='No change')

○ Yes ○ No

598(52). Do you have dull pain in your lower back?
(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting

worse'||*1349=='No change')

○ Yes ○ No

599(54). Do you have dull pain in your buttocks?
(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting worse'||*1349=='No change')

○ Yes ○ No

600(55). Do you also have stiffness in your lower back which occurs in the morning?
(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting worse'||*1349=='No change')

○ Yes ○ No

611(56). How long does the stiffness in your lower back last?
false||(*598=='Yes')||(*599=='Yes')||(*600=='Yes')

○ 5 to 10 minutes ○ 11 to 60 minutes ○ 1 to 2 hours ○ more than 2 hours

612(59). Does the pain get better with activity?
false||(*598=='Yes')||(*599=='Yes')||(*600=='Yes')

○ Yes ○ No

613(60). Does the pain return when you are resting?
false||(*598=='Yes')||(*599=='Yes')||(*600=='Yes')

○ Yes ○ No

614(61). Have you had repeat episodes of pain in one eye?
false||(*598=='Yes')||(*599=='Yes')||(*600=='Yes')

○ Yes ○ No

615(62). Have you had repeat episodes of increased tearing in the same eye?
false||(*598=='Yes')||(*599=='Yes')||(*600=='Yes')

○ Yes ○ No

616(63). Have you had repeat episodes of sensitivity to light in the same eye?
false||(*598=='Yes')||(*599=='Yes')||(*600=='Yes')

○ Yes ○ No

617(64). Do you also have pain in your hip(s) or shoulder(s)?
false||(*616=='Yes')||(*615=='Yes')||(*614=='Yes')||(*613=='Yes')||(*612=='Yes')

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○ Yes ○ No

618(68). Has your back become gradually stiff over a period of months?

```
(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely
severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting
worse'||*1349=='No change')
```

○ Yes ○ No

619(69). Is the back pain worse at night?

```
(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely
severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting
worse'||*1349=='No change')
```

○ Yes ○ No

620(70). Is the pain relieved by aspirin?

```
false||(*619=='Yes')
```

○ Yes ○ No

2479(71). Have you been seen by a health care professional or taken medication for the pain in your back in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*595)||member('Yes, more than 5 years ago',*595)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2612(72). Did you undergo a medical procedure or an operation for your back pain in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2479)||member('Yes, I have seen a nurse or physicians
assistant',*2479)||member('Yes, I have seen a chiropractor or acupuncturist',*2479)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4427(73). Has back pain been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *595)||member('Yes, during a period, 6 months to 5 years ago', *595)
||member('Yes, more than 5 years ago', *595)||member('Never', *595)
```

○ Yes ○ No

4428(74). Please identify who in your family has had a problem with back pain or a similar diagnosis:

```
*4427=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal

grandfather

246(75). Do you have pain in your arm(s)?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2381(76). How often has the pain in your arm(s) been a problem for you in the last month?
member('Yes, in the past 6 months',*246)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1338(77). How severe is the pain in your arm(s)?
member('Yes, in the past 6 months',*246)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1339(78). How would you describe the pain in your arm(s) over the last month?
member('Yes, in the past 6 months',*246)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1475(79). Have you been seen by a health care professional or taken medication for the pain in your arm(s) in the past 6 months?
member('Yes, in the past 6 months',*246)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2615(81). Did you undergo a medical procedure or an operation for your arm pain in the last 6 months?
member('Yes, I have seen a physician',*1475)||member('Yes, I have seen a nurse or physicians assistant',*1475)||member('Yes, I have seen a chiropractor or acupuncturist',*1475)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

622(82). Do you also have a decrease in sensation in your arm(s)?
(*2381=='All Days'||*2381=='Most Days'||*2381=='Some Days')&&(*1338=='Extremely severe'||*1338=='Moderately severe')&&(*1339=='This is a new problem'||*1339=='It is getting worse'||*1339=='No change')

○ Yes ○ No

623(83). Which arm has a decrease in sensation?
false||(*622=='Yes')

○ right arm ○ left arm ○ both arms

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624(84). Do you have a decrease in muscle strength in your arm(s)?
(*2381=='All Days'||*2381=='Most Days'||*2381=='Some Days')&&(*1338=='Extremely severe'||*1338=='Moderately severe')&&(*1339=='This is a new problem'||*1339=='It is getting worse'||*1339=='No change')

○ Yes ○ No

1088(85). Which arm has a decrease in muscle strength?
false||(*624=='Yes')

○ right arm ○ left arm ○ both arms

626(87). Do you have pain in your neck?
false||(*624=='Yes')||(*622=='Yes')

○ Yes ○ No

627(88). Do you have pain in your shoulder(s)?
false||(*624=='Yes')||(*622=='Yes')

○ Yes ○ No

628(89). Do you have pain in your hand(s)?
false||(*624=='Yes')||(*622=='Yes')

○ Yes ○ No

629(90). Is the pain worse when you put your arm over your head and turn your head in that direction?
false||(*624=='Yes')||(*622=='Yes')

○ Yes ○ No

630(91). Do you also have chest pain?
(*2381=='All Days'||*2381=='Most Days'||*2381=='Some Days')&&(*1338=='Extremely severe'||*1338=='Moderately severe')&&(*1339=='This is a new problem'||*1339=='It is getting worse'||*1339=='No change')

○ Yes ○ No

631(92). Has the arm pain, arm numbness and weakness occurred for more than several months?
(*2381=='All Days'||*2381=='Most Days'||*2381=='Some Days')&&(*1338=='Extremely severe'||*1338=='Moderately severe')&&(*1339=='This is a new problem'||*1339=='It is getting worse'||*1339=='No change')

○ Yes ○ No

2480(93). Have you been seen by a health care professional or taken medication for the pain in your arm(s) in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*246)||member('Yes, more than 5 years ago',*246)

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☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2614(95). Did you undergo a medical procedure or an operation for your arm pain in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2480)||member('Yes, I have seen a nurse or physicians
assistant',*2480)||member('Yes, I have seen a chiropractor or acupuncturist',*2480)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4421(96). Has arm pain been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *246)||member('Yes, during a period, 6 months to 5 years ago', *246)
||member('Yes, more than 5 years ago', *246)||member('Never', *246)
```

○ Yes ○ No

4422(97). Please identify who in your family has had a problem with arm pain or a similar diagnosis:

```
*4421=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

632(98). Do you have pain in your leg(s)?

```
true
```

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2382(102). How often has the pain in your leg(s) been a problem for you in the last month?

```
member('Yes, in the past 6 months',*632)
```

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1344(103). How severe is the pain in your leg(s)?

```
member('Yes, in the past 6 months',*632)
```

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1345(104). How would you describe the pain in your leg(s) over the last month?

```
member('Yes, in the past 6 months',*632)
```

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1476(105). Have you been seen by a health care professional or taken medication for the pain in your leg(s) in the past 6 months?

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member('Yes, in the past 6 months',*632)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2616(106). Did you undergo a medical procedure or an operation for your leg pain in the last 6 months?

member('Yes, I have seen a physician',*1476)||member('Yes, I have seen a nurse or physicians assistant',*1476)||member('Yes, I have seen a chiropractor or acupuncturist',*1476)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

633(107). Which leg has pain?

(*2382=='All Days'||*2382=='Most Days'||*2382=='Some Days')&&(*1344=='Extremely severe'||*1344=='Moderately severe')&&(*1345=='This is a new problem'||*1345=='It is getting worse'||*1345=='No change')

○ right leg ○ left leg ○ both legs

634(108). Where is the pain?

(*2382=='All Days'||*2382=='Most Days'||*2382=='Some Days')&&(*1344=='Extremely severe'||*1344=='Moderately severe')&&(*1345=='This is a new problem'||*1345=='It is getting worse'||*1345=='No change')

○ thigh ○ calf ○ back of knee ○ front of knee ○ ankle ○ other

635(109). Is it a burning or tingling sensation?

(*2382=='All Days'||*2382=='Most Days'||*2382=='Some Days')&&(*1344=='Extremely severe'||*1344=='Moderately severe')&&(*1345=='This is a new problem'||*1345=='It is getting worse'||*1345=='No change')

○ Yes ○ No

636(110). Do you also have swelling in your leg(s)?

false||(*635=='Yes')

○ Yes ○ No

638(113). Do you also have pain or warmth to touch over some veins in your legs?

false||(*635=='Yes')

○ Yes ○ No

639(114). Have you noticed any change in color of your skin on your legs?

false||(*635=='Yes')

○ Yes ○ No

640(115). What color is the skin on your legs?

false||(*639=='Yes')

○ Blue ○ Purple ○ Red ○ Pale ○ Other

641(116). Do you also have a decrease in sensation in your leg(s)?
(*2382=='All Days'||*2382=='Most Days'||*2382=='Some Days')&&(*1344=='Extremely severe'||*1344=='Moderately severe')&&(*1345=='This is a new problem'||*1345=='It is getting worse'||*1345=='No change')

○ Yes ○ No

642(117). Which leg has a decrease in sensation?
false||(*641=='Yes')

○ right leg ○ left leg ○ both legs

643(118). Do you also have a decrease in muscle strength in your leg(s)?
(*2382=='All Days'||*2382=='Most Days'||*2382=='Some Days')&&(*1344=='Extremely severe'||*1344=='Moderately severe')&&(*1345=='This is a new problem'||*1345=='It is getting worse'||*1345=='No change')

○ Yes ○ No

644(119). Which leg has a decrease in muscle strangth?
false||(*643=='Yes')

○ right leg ○ left leg ○ both legs

645(120). Do you also have pain in your back?
false||(*643=='Yes')||(*641=='Yes')

○ Yes ○ No

646(121). Is the pain worse with strenuous activity?
false||(*645=='Yes')

○ Yes ○ No

2481(122). Have you been seen by a health care professional or taken medication for the pain in your leg(s) in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*632)||member('Yes, more than 5 years ago',*632)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2617(123). Did you undergo a medical procedure or an operation for your leg pain in the past, but not in the last 6 months?

member('Yes, I have seen a physician',*2481)||member('Yes, I have seen a nurse or physicians assistant',*2481)||member('Yes, I have seen a chiropractor or acupuncturist',*2481)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4429(124). Has leg pain been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *632)||member('Yes, during a period, 6 months to 5 years ago', *632)||member('Yes, more than 5 years ago', *632)||member('Never', *632)

○ Yes ○ No

4430(125). Please identify who in your family has had a problem with leg pain or a similar diagnosis:
*4429=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

647(126). Do you have pain in your joints?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2383(127). How often has the pain in your joints been a problem for you in the last month?
member('Yes, in the past 6 months',*647)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1342(128). How severe is the pain in your joints?
member('Yes, in the past 6 months',*647)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1343(129). How would you describe the pain in your joints over the last month?
member('Yes, in the past 6 months',*647)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1477(130). Have you been seen by a health care professional or taken medication for the pain in your joints in the past 6 months?
member('Yes, in the past 6 months',*647)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2619(131). Did you undergo a medical procedure or an operation for your joint pain in the last 6 months?

member('Yes, I have seen a physician',*1477)||member('Yes, I have seen a nurse or physicians assistant',*1477)||member('Yes, I have seen a chiropractor or acupuncturist',*1477)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

648(132). Does the pain begin suddenly?
(*2383=='All Days'||*2383=='Most Days')&&(*1342=='Extremely severe'||*1342=='Moderately severe')&&(*1343=='This is a new problem'||*1343=='It is getting worse'||*1343=='No change')

○ Yes ○ No

649(133). Is the joint red?
false||(*648=='Yes')

○ Yes ○ No

650(134). Is the joint swollen?
false||(*648=='Yes')

○ Yes ○ No

651(135). Is the joint warm to touch?
false||(*648=='Yes')

○ Yes ○ No

652(136). Do you have a decrease in range of motion of that joint?
false||(*648=='Yes')

○ Yes ○ No

10858(137). Do you have a fever when your joint is swollen?
false||(*652=='Yes')||(*651=='Yes')||(*650=='Yes')||(*649=='Yes')

○ Yes ○ No

654(139). Did the pain begin gradually?
(*2383=='All Days'||*2383=='Most Days')&&(*1342=='Extremely severe'||*1342=='Moderately severe')&&(*1343=='This is a new problem'||*1343=='It is getting worse'||*1343=='No change')

○ Yes ○ No

655(140). Has the pain been a problem for more than 6 weeks?
(*2383=='All Days'||*2383=='Most Days')&&(*1342=='Extremely severe'||*1342=='Moderately severe')&&(*1343=='This is a new problem'||*1343=='It is getting worse'||*1343=='No change')

○ Yes ○ No

656(142). Do you also have soft tissue swelling of that joint?
false||(*655=='Yes')||(*654=='Yes')

Tooth Shade

○ Yes ○ No

551(144). Do you feel tired often?
`false||(*655=='Yes')||(*654=='Yes')`

○ Yes ○ No

1089(145). Do you also have morning stiffness?
`false||(*655=='Yes')||(*654=='Yes')`

○ Yes ○ No

659(146). Does it involve more than 3 joints?
`false||(*1089=='Yes')||(*551=='Yes')||(*656=='Yes')`

○ Yes ○ No

660(147). Is the involvement the same on both sides of your body (symmetric)?
`false||(*659=='Yes')`

○ Yes ○ No

661(150). Do you also have morning stiffness of that joint for more than 1 hour?
`false||(*660=='Yes')`

○ Yes ○ No

662(151). Does it involve one side of your body more than the other side (asymmetric)?
`false||(*659=='Yes')`

○ Yes ○ No

663(152). Do you noticed small indentations in your fingernails?
`false||(*662=='Yes')`

○ Yes ○ No

664(153). Are your fingers swollen or look like sausages?
`false||(*662=='Yes')`

○ Yes ○ No

665(154). Do you have a rash or itching in your scalp?
`false||(*662=='Yes')`

○ Yes ○ No

666(155). Do you have lower back pain?
`false||(*662=='Yes')`

T00220" 29h0T660

○ Yes ○ No

667(156). Do you also have painful and red eyes?
false||(*662=='Yes')

○ Yes ○ No

668(157). Do you have pain while you are urinating?
false||(*662=='Yes')

○ Yes ○ No

669(158). Do you have a deep ache in a joint which is relieved by rest?
false||(*654=='Yes')

○ Yes ○ No

671(159). Does the pain feel like your bones are "rubbing "against each other?
false||(*669=='Yes')

○ Yes ○ No

672(160). Does the morning stiffness last 20 minutes or less?
false||(*669=='Yes')

○ Yes ○ No

2482(161). Have you been seen by a health care professional or taken medication for the pain in your joints in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*647)||member('Yes, more than 5 years ago',*647)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2618(162). Did you undergo a medical procedure or an operation for your joint pain in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2482)||member('Yes, I have seen a nurse or physicians assistant',*2482)||member('Yes, I have seen a chiropractor or acupuncturist',*2482)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4369(163). Has joint pain been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *647)||member('Yes, during a period, 6 months to 5 years ago', *647)||member('Yes, more than 5 years ago', *647)||member('Never', *647)

○ Yes ○ No

4370(164). Please identify who in your family has had a problem with joint pain or a similar diagnosis:
*4369=='Yes'

☐ **mother** ☐ **father** ☐ **sister #1 (oldest)** ☐ **sister #2** ☐ **sister #3** ☐ **sister #4** ☐ **brother #1 (oldest)** ☐ **brother #2** ☐ **brother #3** ☐ **brother #4** ☐ **maternal grandmother** ☐ **maternal grandfather** ☐ **paternal grandmother** ☐ **paternal grandfather**

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Musculoskeletal

572(1). Do you have pain in your muscle(s)?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2378(2). How often has the pain in your muscle(s) been a problem for you in the last month?
member('Yes, in the past 6 months',*572)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1340(3). How severe is the pain in your muscle(s)?
member('Yes, in the past 6 months',*572)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1341(4). How would you describe the pain in your muscle(s) over the last month?
member('Yes, in the past 6 months',*572)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1472(5). Have you been seen by a health care professional or taken medication for the pain in your muscle(s) in the past 6 months?
member('Yes, in the past 6 months',*572)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2610(6). Did you undergo a medical procedure or an operation for the pain in the muscle(s) in the last 6 months?
member('Yes, I have seen a physician',*1472)||member('Yes, I have seen a nurse or physicians assistant',*1472)||member('Yes, I have seen a chiropractor or acupuncturist',*1472)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

590(7). Do you have numbness or tingling sensation in your feet?
(*2378=='All Days'||*2378=='Most Days')&&(*1340=='Extremely severe'||*1340=='Moderately severe')&&(*1341=='This is a new problem'||*1341=='It is getting worse'||*1341=='No change')

○ Right foot ○ Left foot ○ Both feet ○ No

591(8). Do you have numbness or tingling sensation in your legs?
(*2378=='All Days'||*2378=='Most Days')&&(*1340=='Extremely severe'||*1340=='Moderately severe')&&

(*1341=='This is a new problem'||*1341=='It is getting worse'||*1341=='No change')

○ right leg ○ left leg ○ both legs ○ no

573(9). Do you also have muscle weakness?
(*2378=='All Days'||*2378=='Most Days')&&(*1340=='Extremely severe'||*1340=='Moderately severe')&&
(*1341=='This is a new problem'||*1341=='It is getting worse'||*1341=='No change')

○ Yes ○ No

574(10). Do you also have muscle spasms?
(*2378=='All Days'||*2378=='Most Days')&&(*1340=='Extremely severe'||*1340=='Moderately severe')&&
(*1341=='This is a new problem'||*1341=='It is getting worse'||*1341=='No change')

○ Yes ○ No

575(11). Do you also have muscle tremors?
(*2378=='All Days'||*2378=='Most Days')&&(*1340=='Extremely severe'||*1340=='Moderately severe')&&
(*1341=='This is a new problem'||*1341=='It is getting worse'||*1341=='No change')

○ Yes ○ No

576(12). Do you also have numbness in your thumb, pointer or middle finger?
(*573=='Yes')||(*574=='Yes')||(*575=='Yes')

○ Yes ○ No

2478(13). Have you been seen by a health care professional or taken medication for the pain in your muscle(s) in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*572)||member('Yes, more than 5 years ago',*572)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2609(14). Did you undergo a medical procedure or an operation for the pain in the muscle(s) in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2478)||member('Yes, I have seen a nurse or physicians assistant',*2478)||member('Yes, I have seen a chiropractor or acupuncturist',*2478)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4423(15). Has muscle pain been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *572)||member('Yes, during a period, 6 months to 5 years ago', *572)
||member('Yes, more than 5 years ago', *572)||member('Never', *572)

○ Yes ○ No

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4424(16). Please identify who in your family has had a problem with muscle pain or a similar diagnosis:
*4423=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

577(17). Do you have muscle weakness?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2379(18). How often has your muscle weakness been a problem for you in the last month?
member('Yes, in the past 6 months',*577)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1346(19). How severe is the muscle weakness?
member('Yes, in the past 6 months',*577)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1347(20). How would you describe the muscle weakness over the last month?
member('Yes, in the past 6 months',*577)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1473(21). Have you been seen by a health care professional or taken medication for your muscle weakness in the past 6 months?
member('Yes, in the past 6 months',*577)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2621(22). Did you undergo a medical procedure or an operation for your muscle weakness in the last 6 months?
member('Yes, I have seen a physician',*1473)||member('Yes, I have seen a nurse or physicians assistant',*1473)||member('Yes, I have seen a chiropractor or acupuncturist',*1473)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

578(23). Do you have trouble gettting up out of a chair?
(*2379=='All Days'||*2379=='Most Days')&&(*1346=='Extremely severe'||*1346=='Moderately severe')&&(*1347=='This is a new problem'||*1347=='It is getting worse'||*1347=='No change')

○ Yes ○ No

579(24). Do you have trouble climbing up or down stairs?

```
(*2379=='All Days'||*2379=='Most Days')&&(*1346=='Extremely severe'||*1346=='Moderately severe')&&
(*1347=='This is a new problem'||*1347=='It is getting worse'||*1347=='No change')
```

○ Yes ○ No

580(25). Do you have difficulty combing your hair?

```
(*2379=='All Days'||*2379=='Most Days')&&(*1346=='Extremely severe'||*1346=='Moderately severe')&&
(*1347=='This is a new problem'||*1347=='It is getting worse'||*1347=='No change')
```

○ Yes ○ No

581(26). Do you have difficulty reaching high objects?

```
(*2379=='All Days'||*2379=='Most Days')&&(*1346=='Extremely severe'||*1346=='Moderately severe')&&
(*1347=='This is a new problem'||*1347=='It is getting worse'||*1347=='No change')
```

○ Yes ○ No

582(27). Do you have difficulty swallowing?

```
(*581=='Yes')||(*580=='Yes')||(*579=='Yes')||(*578=='Yes')
```

○ Yes ○ No

583(28). Do you have difficulty bending your head forward?

```
(*581=='Yes')||(*580=='Yes')||(*579=='Yes')||(*578=='Yes')
```

○ Yes ○ No

584(29). Do you have swollen eyelids?

```
(*581=='Yes')||(*580=='Yes')||(*579=='Yes')||(*578=='Yes')
```

○ Yes ○ No

585(30). Do your eyelids have a lilac coloration?

```
false||(*584=='Yes')
```

○ Yes ○ No

588(33). Do you also have a rash?

```
false||(*584=='Yes')
```

○ Yes ○ No

589(34). Where is the rash?

```
false||(*584=='Yes' && *588=='Yes')
```

☐ bridge of your nose ☐ cheeks ☐ chest ☐ elbows ☐ other

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592(37). Do you notice that you drink more frequently than you used to?
(*591=='Yes')||(*590=='Yes')

○ Yes ○ No

593(38). Do you eat more food than you used to?
(*591=='Yes')||(*590=='Yes')

○ Yes ○ No

594(39). Do you go to the bathroom more frequently than you used to?
(*591=='Yes')||(*590=='Yes')

○ Yes ○ No

2477(40). Have you been seen by a health care professional or taken medication for your muscle weakness in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*577)||member('Yes, more than 5 years ago',*577)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2611(41). Did you undergo a medical procedure or an operation for your muscle weakness in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2477)||member('Yes, I have seen a nurse or physicians assistant',*2477)||member('Yes, I have seen a chiropractor or acupuncturist',*2477)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4425(42). Has muscle weakness been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *577)||member('Yes, during a period, 6 months to 5 years ago', *577)||member('Yes, more than 5 years ago', *577)||member('Never', *577)

○ Yes ○ No

4426(43). Please identify who in your family has had a problem with muscle weakness or a similar diagnosis:
*4425=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

595(44). Do you have pain in your back?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2380(45). How often has the pain in your back been a problem for you in the last month?
member('Yes, in the past 6 months',*595)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1348(46). How severe is the pain in your back?
member('Yes, in the past 6 months',*595)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1349(47). How would you describe the pain in your back over the last month?
member('Yes, in the past 6 months',*595)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1474(48). Have you been seen by a health care professional or taken medication for the pain in your back in the past 6 months?
member('Yes, in the past 6 months',*595)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2613(49). Did you undergo a medical procedure or an operation for your back pain in the last 6 months?
member('Yes, I have seen a physician',*1474)||member('Yes, I have seen a nurse or physicians assistant',*1474)||member('Yes, I have seen a chiropractor or acupuncturist',*1474)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

596(50). Did the pain start after lifting something heavy or after unusually strenuous exercise?
(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting worse'||*1349=='No change')

○ Yes ○ No

597(51). Does the pain shoot down your leg(s)?
(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting worse'||*1349=='No change')

○ Yes ○ No

598(52). Do you have dull pain in your lower back?
(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting

worse'||*1349=='No change')

○ Yes ○ No

599(54). Do you have dull pain in your buttocks?

(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting worse'||*1349=='No change')

○ Yes ○ No

600(55). Do you also have stiffness in your lower back which occurs in the morning?

(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting worse'||*1349=='No change')

○ Yes ○ No

611(56). How long does the stiffness in your lower back last?

false||(*598=='Yes')||(*599=='Yes')||(*600=='Yes')

○ 5 to 10 minutes ○ 11 to 60 minutes ○ 1 to 2 hours ○ more than 2 hours

612(59). Does the pain get better with activity?

false||(*598=='Yes')||(*599=='Yes')||(*600=='Yes')

○ Yes ○ No

613(60). Does the pain return when you are resting?

false||(*598=='Yes')||(*599=='Yes')||(*600=='Yes')

○ Yes ○ No

614(61). Have you had repeat episodes of pain in one eye?

false||(*598=='Yes')||(*599=='Yes')||(*600=='Yes')

○ Yes ○ No

615(62). Have you had repeat episodes of increased tearing in the same eye?

false||(*598=='Yes')||(*599=='Yes')||(*600=='Yes')

○ Yes ○ No

616(63). Have you had repeat episodes of sensitivity to light in the same eye?

false||(*598=='Yes')||(*599=='Yes')||(*600=='Yes')

○ Yes ○ No

617(64). Do you also have pain in your hip(s) or shoulder(s)?

false||(*616=='Yes')||(*615=='Yes')||(*614=='Yes')||(*613=='Yes')||(*612=='Yes')

Topaz estimate

○ Yes ○ No

618(68). Has your back become gradually stiff over a period of months?

```
(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely
severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting
worse'||*1349=='No change')
```

○ Yes ○ No

619(69). Is the back pain worse at night?

```
(*2380=='All Days'||*2380=='Most Days'||*2380=='Some Days')&&(*1348=='Extremely
severe'||*1348=='Moderately severe')&&(*1349=='This is a new problem'||*1349=='It is getting
worse'||*1349=='No change')
```

○ Yes ○ No

620(70). Is the pain relieved by aspirin?

```
false||(*619=='Yes')
```

○ Yes ○ No

2479(71). Have you been seen by a health care professional or taken medication for the pain in your back in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*595)||member('Yes, more than 5 years ago',*595)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2612(72). Did you undergo a medical procedure or an operation for your back pain in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2479)||member('Yes, I have seen a nurse or physicians
assistant',*2479)||member('Yes, I have seen a chiropractor or acupuncturist',*2479)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4427(73). Has back pain been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *595)||member('Yes, during a period, 6 months to 5 years ago', *595)
||member('Yes, more than 5 years ago', *595)||member('Never', *595)
```

○ Yes ○ No

4428(74). Please identify who in your family has had a problem with back pain or a similar diagnosis:

```
*4427=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal

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grandfather

246(75). Do you have pain in your arm(s)?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2381(76). How often has the pain in your arm(s) been a problem for you in the last month?
member('Yes, in the past 6 months',*246)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1338(77). How severe is the pain in your arm(s)?
member('Yes, in the past 6 months',*246)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1339(78). How would you describe the pain in your arm(s) over the last month?
member('Yes, in the past 6 months',*246)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1475(79). Have you been seen by a health care professional or taken medication for the pain in your arm(s) in the past 6 months?
member('Yes, in the past 6 months',*246)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2615(81). Did you undergo a medical procedure or an operation for your arm pain in the last 6 months?
member('Yes, I have seen a physician',*1475)||member('Yes, I have seen a nurse or physicians assistant',*1475)||member('Yes, I have seen a chiropractor or acupuncturist',*1475)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

622(82). Do you also have a decrease in sensation in your arm(s)?
(*2381=='All Days'||*2381=='Most Days'||*2381=='Some Days')&&(*1338=='Extremely severe'||*1338=='Moderately severe')&&(*1339=='This is a new problem'||*1339=='It is getting worse'||*1339=='No change')

○ Yes ○ No

623(83). Which arm has a decrease in sensation?
false||(*622=='Yes')

○ right arm ○ left arm ○ both arms

624(84). Do you have a decrease in muscle strength in your arm(s)?
(*2381=='All Days'||*2381=='Most Days'||*2381=='Some Days')&&(*1338=='Extremely severe'||*1338=='Moderately severe')&&(*1339=='This is a new problem'||*1339=='It is getting worse'||*1339=='No change')

○ Yes ○ No

1088(85). Which arm has a decrease in muscle strength?
false||(*624=='Yes')

○ right arm ○ left arm ○ both arms

626(87). Do you have pain in your neck?
false||(*624=='Yes')||(*622=='Yes')

○ Yes ○ No

627(88). Do you have pain in your shoulder(s)?
false||(*624=='Yes')||(*622=='Yes')

○ Yes ○ No

628(89). Do you have pain in your hand(s)?
false||(*624=='Yes')||(*622=='Yes')

○ Yes ○ No

629(90). Is the pain worse when you put your arm over your head and turn your head in that direction?
false||(*624=='Yes')||(*622=='Yes')

○ Yes ○ No

630(91). Do you also have chest pain?
(*2381=='All Days'||*2381=='Most Days'||*2381=='Some Days')&&(*1338=='Extremely severe'||*1338=='Moderately severe')&&(*1339=='This is a new problem'||*1339=='It is getting worse'||*1339=='No change!)

○ Yes ○ No

631(92). Has the arm pain, arm numbness and weakness occurred for more than several months?
(*2381=='All Days'||*2381=='Most Days'||*2381=='Some Days')&&(*1338=='Extremely severe'||*1338=='Moderately severe')&&(*1339=='This is a new problem'||*1339=='It is getting worse'||*1339=='No change')

○ Yes ○ No

2480(93). Have you been seen by a health care professional or taken medication for the pain in your arm(s) in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*246)||member('Yes, more than 5 years ago',*246)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2614(95). Did you undergo a medical procedure or an operation for your arm pain in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2480)||member('Yes, I have seen a nurse or physicians
assistant',*2480)||member('Yes, I have seen a chiropractor or acupuncturist',*2480)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4421(96). Has arm pain been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *246)||member('Yes, during a period, 6 months to 5 years ago', *246)
||member('Yes, more than 5 years ago', *246)||member('Never', *246)
```

○ Yes ○ No

4422(97). Please identify who in your family has had a problem with arm pain or a similar diagnosis:

```
*4421=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

632(98). Do you have pain in your leg(s)?

```
true
```

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2382(102). How often has the pain in your leg(s) been a problem for you in the last month?

```
member('Yes, in the past 6 months',*632)
```

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1344(103). How severe is the pain in your leg(s)?

```
member('Yes, in the past 6 months',*632)
```

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1345(104). How would you describe the pain in your leg(s) over the last month?

```
member('Yes, in the past 6 months',*632)
```

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1476(105). Have you been seen by a health care professional or taken medication for the pain in your leg(s) in the past 6 months?

member('Yes, in the past 6 months',*632)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2616(106). Did you undergo a medical procedure or an operation for your leg pain in the last 6 months?

member('Yes, I have seen a physician',*1476)||member('Yes, I have seen a nurse or physicians assistant',*1476)||member('Yes, I have seen a chiropractor or acupuncturist',*1476)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

633(107). Which leg has pain?

(*2382=='All Days'||*2382=='Most Days'||*2382=='Some Days')&&(*1344=='Extremely severe'||*1344=='Moderately severe')&&(*1345=='This is a new problem'||*1345=='It is getting worse'||*1345=='No change')

○ right leg ○ left leg ○ both legs

634(108). Where is the pain?

(*2382=='All Days'||*2382=='Most Days'||*2382=='Some Days')&&(*1344=='Extremely severe'||*1344=='Moderately severe')&&(*1345=='This is a new problem'||*1345=='It is getting worse'||*1345=='No change')

○ thigh ○ calf ○ back of knee ○ front of knee ○ ankle ○ other

635(109). Is it a burning or tingling sensation?

(*2382=='All Days'||*2382=='Most Days'||*2382=='Some Days')&&(*1344=='Extremely severe'||*1344=='Moderately severe')&&(*1345=='This is a new problem'||*1345=='It is getting worse'||*1345=='No change')

○ Yes ○ No

636(110). Do you also have swelling in your leg(s)?

false||(*635=='Yes')

○ Yes ○ No

638(113). Do you also have pain or warmth to touch over some veins in your legs?

false||(*635=='Yes')

○ Yes ○ No

639(114). Have you noticed any change in color of your skin on your legs?

false||(*635=='Yes')

○ Yes ○ No

640(115). What color is the skin on your legs?

T00220 2Short60

false||(*639=='Yes')

○ Blue ○ Purple ○ Red ○ Pale ○ Other

641(116). Do you also have a decrease in sensation in your leg(s)?
(*2382=='All Days'||*2382=='Most Days'||*2382=='Some Days')&&(*1344=='Extremely severe'||*1344=='Moderately severe')&&(*1345=='This is a new problem'||*1345=='It is getting worse'||*1345=='No change')

○ Yes ○ No

642(117). Which leg has a decrease in sensation?
false||(*641=='Yes')

○ right leg ○ left leg ○ both legs

643(118). Do you also have a decrease in muscle strength in your leg(s)?
(*2382=='All Days'||*2382=='Most Days'||*2382=='Some Days')&&(*1344=='Extremely severe'||*1344=='Moderately severe')&&(*1345=='This is a new problem'||*1345=='It is getting worse'||*1345=='No change')

○ Yes ○ No

644(119). Which leg has a decrease in muscle strangth?
false||(*643=='Yes')

○ right leg ○ left leg ○ both legs

645(120). Do you also have pain in your back?
false||(*643=='Yes')||(*641=='Yes')

○ Yes ○ No

646(121). Is the pain worse with strenuous activity?
false||(*645=='Yes')

○ Yes ○ No

2481(122). Have you been seen by a health care professional or taken medication for the pain in your leg(s) in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*632)||member('Yes, more than 5 years ago',*632)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2617(123). Did you undergo a medical procedure or an operation for your leg pain in the past, but not in the last 6 months?

member('Yes, I have seen a physician',*2481)||member('Yes, I have seen a nurse or physicians assistant',*2481)||member('Yes, I have seen a chiropractor or acupuncturist',*2481)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4429(124). Has leg pain been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *632)||member('Yes, during a period, 6 months to 5 years ago', *632)||member('Yes, more than 5 years ago', *632)||member('Never', *632)

○ Yes ○ No

4430(125). Please identify who in your family has had a problem with leg pain or a similar diagnosis:
*4429=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

647(126). Do you have pain in your joints?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2383(127). How often has the pain in your joints been a problem for you in the last month?
member('Yes, in the past 6 months',*647)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1342(128). How severe is the pain in your joints?
member('Yes, in the past 6 months',*647)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1343(129). How would you describe the pain in your joints over the last month?
member('Yes, in the past 6 months',*647)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1477(130). Have you been seen by a health care professional or taken medication for the pain in your joints in the past 6 months?
member('Yes, in the past 6 months',*647)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2619(131). Did you undergo a medical procedure or an operation for your joint pain in the last 6 months?

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member('Yes, I have seen a physician',*1477)||member('Yes, I have seen a nurse or physicians assistant',*1477)||member('Yes, I have seen a chiropractor or acupuncturist',*1477)

☐ **Yes, I underwent a medical procedure** ☐ **Yes, I underwent an operation** ☐ **No**

648(132). Does the pain begin suddenly?
(*2383=='All Days'||*2383=='Most Days')&&(*1342=='Extremely severe'||*1342=='Moderately severe')&&(*1343=='This is a new problem'||*1343=='It is getting worse'||*1343=='No change')

○ **Yes** ○ **No**

649(133). Is the joint red?
false||(*648=='Yes')

○ **Yes** ○ **No**

650(134). Is the joint swollen?
false||(*648=='Yes')

○ **Yes** ○ **No**

651(135). Is the joint warm to touch?
false||(*648=='Yes')

○ **Yes** ○ **No**

652(136). Do you have a decrease in range of motion of that joint?
false||(*648=='Yes')

○ **Yes** ○ **No**

10858(137). Do you have a fever when your joint is swollen?
false||(*652=='Yes')||(*651=='Yes')||(*650=='Yes')||(*649=='Yes')

○ **Yes** ○ **No**

654(139). Did the pain begin gradually?
(*2383=='All Days'||*2383=='Most Days')&&(*1342=='Extremely severe'||*1342=='Moderately severe')&&(*1343=='This is a new problem'||*1343=='It is getting worse'||*1343=='No change')

○ **Yes** ○ **No**

655(140). Has the pain been a problem for more than 6 weeks?
(*2383=='All Days'||*2383=='Most Days')&&(*1342=='Extremely severe'||*1342=='Moderately severe')&&(*1343=='This is a new problem'||*1343=='It is getting worse'||*1343=='No change')

○ **Yes** ○ **No**

656(142). Do you also have soft tissue swelling of that joint?
false||(*655=='Yes')||(*654=='Yes')

T00220 ESHOT660

○ Yes ○ No

551(144). Do you feel tired often?
`false||(*655=='Yes')||(*654=='Yes')`

○ Yes ○ No

1089(145). Do you also have morning stiffness?
`false||(*655=='Yes')||(*654=='Yes')`

○ Yes ○ No

659(146). Does it involve more than 3 joints?
`false||(*1089=='Yes')||(*551=='Yes')||(*656=='Yes')`

○ Yes ○ No

660(147). Is the involvement the same on both sides of your body (symmetric)?
`false||(*659=='Yes')`

○ Yes ○ No

661(150). Do you also have morning stiffness of that joint for more than 1 hour?
`false||(*660=='Yes')`

○ Yes ○ No

662(151). Does it involve one side of your body more than the other side (asymmetric)?
`false||(*659=='Yes')`

○ Yes ○ No

663(152). Do you noticed small indentations in your fingernails?
`false||(*662=='Yes')`

○ Yes ○ No

664(153). Are your fingers swollen or look like sausages?
`false||(*662=='Yes')`

○ Yes ○ No

665(154). Do you have a rash or itching in your scalp?
`false||(*662=='Yes')`

○ Yes ○ No

666(155). Do you have lower back pain?
`false||(*662=='Yes')`

○ Yes ○ No

667(156). Do you also have painful and red eyes?
false||(*662=='Yes')

○ Yes ○ No

668(157). Do you have pain while you are urinating?
false||(*662=='Yes')

○ Yes ○ No

669(158). Do you have a deep ache in a joint which is relieved by rest?
false||(*654=='Yes')

○ Yes ○ No

671(159). Does the pain feel like your bones are "rubbing "against each other?
false||(*669=='Yes')

○ Yes ○ No

672(160). Does the morning stiffness last 20 minutes or less?
false||(*669=='Yes')

○ Yes ○ No

2482(161). Have you been seen by a health care professional or taken medication for the pain in your joints in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*647)||member('Yes, more than 5 years ago',*647)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2618(162). Did you undergo a medical procedure or an operation for your joint pain in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2482)||member('Yes, I have seen a nurse or physicians assistant',*2482)||member('Yes, I have seen a chiropractor or acupuncturist',*2482)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4369(163). Has joint pain been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *647)||member('Yes, during a period, 6 months to 5 years ago', *647)||member('Yes, more than 5 years ago', *647)||member('Never', *647)

○ Yes ○ No

Toolbar Shortcut

4370(164). Please identify who in your family has had a problem with joint pain or a similar diagnosis:
*4369=='Yes'

☐ **mother** ☐ **father** ☐ **sister #1 (oldest)** ☐ **sister #2** ☐ **sister #3** ☐ **sister #4** ☐ **brother #1 (oldest)** ☐ **brother #2** ☐ **brother #3** ☐ **brother #4** ☐ **maternal grandmother** ☐ **maternal grandfather** ☐ **paternal grandmother** ☐ **paternal grandfather**

CONTINUE > ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Female Genitourinay System

673(1). Do you have menstrual cycles which are not the same each month?
true

○ All months ○ Most months ○ Some months ○ Few months ○ No months

689(3). Do you have prolonged menstrual cycles (more than 7 days of bleeding)?
false||(*673=='All months')||(*673=='Most months')||(*673=='Some months')||(*673=='Few months')

○ Yes ○ No

690(4). Do you no longer have menstrual periods?
false||(*673=='All months')||(*673=='Most months')||(*673=='Some months')||(*673=='Few months')

○ Yes ○ No

691(5). Do you have a decrease in number of days between periods (less than 19-21 days)
false||(*673=='All months')||(*673=='Most months')||(*673=='Some months')||(*673=='Few months')

○ Yes ○ No

692(6). Do you also have abnormal development of pubic hair?
false||(*673=='All months')||(*673=='Most months')||(*673=='Some months')||(*673=='Few months')

○ Yes ○ No

693(7). Do you also have abnormal development of body hair?
false||(*673=='All months')||(*673=='Most months')||(*673=='Some months')||(*673=='Few months')

○ Yes ○ No

694(8). Did you have abnormal development of your breasts (began when 10 years or younger)?
false||(*673=='All months')||(*673=='Most months')||(*673=='Some months')||(*673=='Few months')

○ Yes ○ No

695(9). Do you have painful menstruation?
true

○ All months ○ Most months ○ Some months ○ Few months ○ No months

696(10). Do you also have premenstrual breast tenderness?
false||(*695=='All months')||(*695=='Most months')||(*695=='Some months')||(*695=='Few months')

○ Yes ○ No

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697(11). Do you also have premenstrual mood changes?
`false||(*695=='All months')||(*695=='Most months')||(*695=='Some months')||(*695=='Few months')`

○ Yes ○ No

698(12). Do you also have premenstrual weight gain?
`false||(*695=='All months')||(*695=='Most months')||(*695=='Some months')||(*695=='Few months')`

○ Yes ○ No

1516(13). Do you have lower abdominal pain in the middle of your cycle?
`false||(*695=='All months')||(*695=='Most months')||(*695=='Some months')||(*695=='Few months')`

○ Yes ○ No

699(14). Have you ever been pregnant?
`true`

○ Yes ○ No

700(15). How many times?
`false||(*699=='Yes')`

○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ more than 5

701(16). How many live births have you had?
`false||(*699=='Yes')`

○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ more than 5

702(17). How many stillborns?
`false||(*699=='Yes')`

○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ more than 5

1068(18). Have you had any abortions?
`false||(*699=='Yes')`

○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ more than 5

704(20). How many were spontaneous?
`false||(*1068=='Yes')`

○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ more than 5

705(21). How many were induced?
`false||(*1068=='Yes')`

○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ more than 5

706(22). How many of your children are living?
false||(*699=='Yes')

○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ more than 5

707(23). Did any of your deliveries or children have birth abnormalities?
false||(*699=='Yes')

○ Yes ○ No

708(26). How many deliveries or children have had birth abnormalities?
false||(*707=='Yes')

○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ more than 5

709(27). Do you use birth control?
true

○ All of the time ○ Most of the time ○ A good bit of the time ○ Some of the time ○ A little of the time ○ Never

710(28). Which method do you use most often?
false||(*709=='All of the time')||(*709=='Most of the time')||(*709=='A good bit of the time')||(*709=='Some of the time')||(*709=='A little of the time')

○ birth control pills ○ condoms ○ diaphragm ○ Norplant ○ other

728(29). Do you have problems with infertility?
true

○ Yes ○ No ○ I am not attempting pregnancy

729(30). How long have you been attempting pregnancy?
false||(*728=='Yes')

○ less than 1 year ○ 1 to 2 years ○ 2 to 3 years ○ 3 to 4 years ○ 4 to 5 years ○ more than 5 years ○ No Longer Attempting pregnancy

730(31). Have you had a diagnostic evaluation?
false||(*728=='Yes')

○ Yes ○ No

731(32). What test was used to diagnose it?
false||(*730=='Yes')

Tobacco Shotgun

732(33). Do you know what the results were?
`false||(*730=='Yes')`

○ a problem with my partners reproductive system ○ a problem with my reproductive system ○ I do not know ○ other

733(34). Do you have painful urination?
`true`

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2384(35). How often has painful urination been a problem for you in the last month?
`member('Yes, in the past 6 months',*733)`

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1350(36). How severe is your painful urination?
`member('Yes, in the past 6 months',*733)`

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1351(37). How would you describe your painful urination over the last month?
`member('Yes, in the past 6 months',*733)`

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1517(38). Have you been seen by a health care professional or taken medication for your painful urination in the past 6 months?
`member('Yes, in the past 6 months',*733)`

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2622(39). Did you undergo a medical procedure or an operation for your painful urination in the last 6 months?
`member('Yes, I have seen a physician',*1517)||member('Yes, I have seen a nurse or physicians assistant',*1517)||member('Yes, I have seen a chiropractor or acupuncturist',*1517)`

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

734(40). Is the pain a burning sensation while you are urinating?
`(*2384=='All Days'||*2384=='Most Days')&&(*1350=='Extremely severe'||*1350=='Moderately severe')&&(*1351=='This is a new problem'||*1351=='It is getting worse'||*1351=='No change')`

○ Yes ○ No

735(41). Is the pain located in your lower middle abdomen (area of your bladder)?

(*2384=='All Days'||*2384=='Most Days')&&(*1350=='Extremely severe'||*1350=='Moderately severe')&&
(*1351=='This is a new problem'||*1351=='It is getting worse'||*1351=='No change')

○ Yes ○ No

736(42). Do you also have a sense of urgency?

(*2384=='All Days'||*2384=='Most Days')&&(*1350=='Extremely severe'||*1350=='Moderately severe')&&
(*1351=='This is a new problem'||*1351=='It is getting worse'||*1351=='No change')

○ Yes ○ No

737(43). Do you also have pain in your lower back (flank area)?

(*2384=='All Days'||*2384=='Most Days')&&(*1350=='Extremely severe'||*1350=='Moderately severe')&&
(*1351=='This is a new problem'||*1351=='It is getting worse'||*1351=='No change')

○ Yes ○ No

738(44). Do you also have a yellowish vaginal discharge?

(*2384=='All Days'||*2384=='Most Days')&&(*1350=='Extremely severe'||*1350=='Moderately severe')&&
(*1351=='This is a new problem'||*1351=='It is getting worse'||*1351=='No change')

○ Yes ○ No

739(45). Does the discharge have a musty odor?

false||(*738=='Yes')

○ Yes ○ No

2483(46). Have you been seen by a health care professional or taken medication for your painful urination in the past, but not in the last 6 months?

member('Yes, during a period, 6 months to 5 years ago',*733)||member('Yes, more than 5 years ago',*733)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2620(47). Did you undergo a medical procedure or an operation for your painful urination in the past, but not in the last 6 months?

member('Yes, I have seen a physician',*2483)||member('Yes, I have seen a nurse or physicians assistant',*2483)||member('Yes, I have seen a chiropractor or acupuncturist',*2483)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4431(48). Has painful urination been a problem for someone in your family in the past?

member('Yes, in the past 6 months', *733)||member('Yes, during a period, 6 months to 5 years ago', *733)
||member('Yes, more than 5 years ago', *733)||member('Never', *733)

○ Yes ○ No

Todd's Shots

4432(49). Please identify who in your family has had a problem with painful urination or a similar diagnosis:
*4431=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

740(50). Do you have breast discomfort?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2385(54). How often has your breast discomfort been a problem for you in the last month?
member('Yes, in the past 6 months',*740)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1352(55). How severe is the breast discomfort?
member('Yes, in the past 6 months',*740)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1353(56). How would you describe the breast discomfort over the last month?
member('Yes, in the past 6 months',*740)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1518(57). Have you been seen by a health care professional or taken medication for your breast discomfort in the past 6 months?
member('Yes, in the past 6 months',*740)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2624(58). Did you undergo a medical procedure or an operation for your breast discomfort in the last 6 months?
member('Yes, I have seen a physician',*1518)||member('Yes, I have seen a nurse or physicians assistant',*1518)||member('Yes, I have seen a chiropractor or acupuncturist',*1518)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

741(59). Where is the pain located?
(*2385=='All Days'||*2385=='Most Days'||*2385=='Some Days')&&(*1352=='Extremely severe'||*1352=='Moderately severe')&&(*1353=='This is a new problem'||*1353=='It is getting worse'||*1353=='No change')

○ right breast ○ left breast ○ both breasts ○ other

742(60). Does the breast discomfort seem to occur at a certain time each month which corresponds to your menstrual cycle?

```
(*2385=='All Days'||*2385=='Most Days'||*2385=='Some Days')&&(*1352=='Extremely
severe'||*1352=='Moderately severe')&&(*1353=='This is a new problem'||*1353=='It is getting
worse'||*1353=='No change')
```

○ All months ○ Most months ○ Some months ○ Few months ○ No months

743(61). Do you also have discharge from your nipple(s)?

```
(*2385=='All Days'||*2385=='Most Days'||*2385=='Some Days')&&(*1352=='Extremely
severe'||*1352=='Moderately severe')&&(*1353=='This is a new problem'||*1353=='It is getting
worse'||*1353=='No change')
```

○ Yes ○ No

744(62). Which nipple has discharge?

```
false||(*743=='Yes')
```

○ right nipple ○ left nipple ○ both nipples

745(63). What color is the discharge?

```
false||(*743=='Yes')
```

○ clear ○ white ○ dark red or brown ○ frothy pink ○ other

746(64). Does the breast discomfort get worse with an increase in caffeine intake?

```
(*2385=='All Days'||*2385=='Most Days'||*2385=='Some Days')&&(*1352=='Extremely
severe'||*1352=='Moderately severe')&&(*1353=='This is a new problem'||*1353=='It is getting
worse'||*1353=='No change')
```

○ yes ○ no ○ I do not drink/eat anything with caffeine

747(65). Do you have a lump in your breast(s)?

```
(*2385=='All Days'||*2385=='Most Days'||*2385=='Some Days')&&(*1352=='Extremely
severe'||*1352=='Moderately severe')&&(*1353=='This is a new problem'||*1353=='It is getting
worse'||*1353=='No change')
```

○ Yes ○ No

748(66). Where is the lump located?

```
false||(*747=='Yes')
```

○ right breast ○ left breast ○ both breasts ○ other

749(67). Is it soft and moves easily when you touch it?

```
false||(*747=='Yes')
```

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○ Yes ○ No

750(70). Does it seem to change size with respect to your menstrual cycle?
`false||(*747=='Yes')`

○ Yes ○ No

751(71). Is the lump firm?
`(*747=='Yes')&&(*749=='No')`

○ Yes ○ No

752(72). Is it "fixed" or difficult to move?
`(*747=='Yes')&&(*749=='No')`

○ Yes ○ No

753(73). Does your nipple on the affected breast seem to be "pulled inward?"
`false||(*747=='Yes')`

○ Yes ○ No

754(74). Have you ever had surgery on your breast(s)?
`(*2385=='All Days'||*2385=='Most Days'||*2385=='Some Days')&&(*1352=='Extremely severe'||*1352=='Moderately severe')&&(*1353=='This is a new problem'||*1353=='It is getting worse'||*1353=='No change')`

○ Yes ○ No

1519(80). What breast surgery did you have?
`false||(*754=='Yes')`

☐ breast biopsy ☐ breast implant(s) ☐ breast reduction ☐ needle aspiration of lump ☐ other

2484(82). Have you been seen by a health care professional or taken medication for your breast discomfort in the past, but not in the last 6 months?
`member('Yes, during a period, 6 months to 5 years ago',*740)||member('Yes, more than 5 years ago',*740)`

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2623(83). Did you undergo a medical procedure or an operation for your breast discomfort in the past, but not in the last 6 months?
`member('Yes, I have seen a physician',*2484)||member('Yes, I have seen a nurse or physicians assistant',*2484)||member('Yes, I have seen a chiropractor or acupuncturist',*2484)`

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

Tobacco Shotgun

4433(84). Has breast discomfort been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *740)||member('Yes, during a period, 6 months to 5 years ago', *740)
||member('Yes, more than 5 years ago', *740)||member('Never', *740)
```

○ **Yes** ○ **No**

4434(85). Please identify who in your family has had a problem with breast discomfort or a similar diagnosis:

```
*4433=='Yes'
```

☐ **mother** ☐ **father** ☐ **sister #1 (oldest)** ☐ **sister #2** ☐ **sister #3** ☐ **sister #4** ☐ **brother #1 (oldest)** ☐ **brother #2** ☐ **brother #3** ☐ **brother #4** ☐ **maternal grandmother** ☐ **maternal grandfather** ☐ **paternal grandmother** ☐ **paternal grandfather**

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Feedback

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Lymphatic System

808(1). Do you have swollen "bumps" ?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2396(2). How often have your swollen "bumps" been a problem for you in the last month?
member('Yes, in the past 6 months',*808)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1364(3). How severe are the swollen "bumps"?
member('Yes, in the past 6 months',*808)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1365(4). How would you describe the swollen "bumps" over the last month?
member('Yes, in the past 6 months',*808)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1478(5). Have you been seen by a health care professional or taken medication for your swollen "bumps" in the past 6 months?
member('Yes, in the past 6 months',*808)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2636(6). Did you undergo a medical procedure or an operation for your swollen "bumps" in the last 6 months?
member('Yes, I have seen a physician',*1478)||member('Yes, I have seen a nurse or physicians assistant',*1478)||member('Yes, I have seen a chiropractor or acupuncturist',*1478)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

809(7). Where are these "bumps" located?
(*2396=='All Days'||*2396=='Most Days')&&(*1364=='Extremely severe'||*1364=='Moderately severe')&&(*1365=='This is a new problem'||*1365=='It is getting worse'||*1365=='No change')

☐ neck ☐ armpits ☐ above collar bone ☐ groin area ☐ other

810(8). Do you also have night sweats?
(*2396=='All Days'||*2396=='Most Days')&&(*1364=='Extremely severe'||*1364=='Moderately severe')&&(*1365=='This is a new problem'||*1365=='It is getting worse'||*1365=='No change')

Topaz Redacted

○ Yes ○ No

10859(9). Do you have a fever often?

```
(*2396=='All Days'||*2396=='Most Days')&&(*1364=='Extremely severe'||*1364=='Moderately severe')&&
(*1365=='This is a new problem'||*1365=='It is getting worse'||*1365=='No change')
```

○ Yes ○ No

1035(11). Do you also have weight loss?

```
(*2396=='All Days'||*2396=='Most Days')&&(*1364=='Extremely severe'||*1364=='Moderately severe')&&
(*1365=='This is a new problem'||*1365=='It is getting worse'||*1365=='No change')
```

○ Yes ○ No

2490(12). Have you been seen by a health care professional or taken medication for your swollen "bumps" in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*808)||member('Yes, more than 5 years ago',*808)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2635(13). Did you undergo a medical procedure or an operation for your swollen "bumps" in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2490)||member('Yes, I have seen a nurse or physicians
assistant',*2490)||member('Yes, I have seen a chiropractor or acupuncturist',*2490)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4445(14). Have swollen "bumps" been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *808)||member('Yes, during a period, 6 months to 5 years ago', *808)
||member('Yes, more than 5 years ago', *808)||member('Never', *808)
```

○ Yes ○ No

4446(15). Please identify who in your family has had a problem with swollen "bumps" or a similar diagnosis:

```
*4445=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

811(16). Do you have swelling of an extremity (i.e. arm or leg)?

```
true
```

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2397(17). How often has swelling of an extremity been a problem for you in the last month?
member('Yes, in the past 6 months',*811)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1366(18). How severe is the swelling of your extremity?
member('Yes, in the past 6 months',*811)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1367(20). How would you describe the swelling of your extremity over the last month?
member('Yes, in the past 6 months',*811)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1479(21). Have you been seen by a health care professional or taken medication for the swelling of your extremity in the past 6 months?
member('Yes, in the past 6 months',*811)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2638(22). Did you undergo a medical procedure or an operation for the swelling of an extremity in the last 6 months?
member('Yes, I have seen a physician',*1479)||member('Yes, I have seen a nurse or physicians assistant',*1479)||member('Yes, I have seen a chiropractor or acupuncturist',*1479)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

812(23). Which extremity is swollen?
member(*2397,'All Days|Most Days|Some Days|Few Days')&&(*1366=='Extremely severe'||*1366=='Moderately severe')&&(*1367=='This is a new problem'||*1367=='It is getting worse'||*1367=='No change')

☐ right arm ☐ left arm ☐ right leg ☐ left leg

813(24). Is the extremity also tender when you touch it?
member(*2397,'All Days|Most Days|Some Days|Few Days')&&(*1366=='Extremely severe'||*1366=='Moderately severe')&&(*1367=='This is a new problem'||*1367=='It is getting worse'||*1367=='No change')

○ Yes ○ No

814(25). Is the extremity also warm?
member(*2397,'All Days|Most Days|Some Days|Few Days')&&(*1366=='Extremely severe'||*1366=='Moderately severe')&&(*1367=='This is a new problem'||*1367=='It is getting worse'||*1367=='No change')

○ Yes ○ No

1036(26). Is there an increase in sweating of that extremity?
`(*813=='Yes')||(*814=='Yes')`

○ Yes ○ No

1037(27). Is there an increase in hair growth of that extremity?
`(*813=='Yes')||(*814=='Yes')`

○ Yes ○ No

1038(28). Are the joints of that extremity also painful?
`(*813=='Yes')||(*814=='Yes')`

○ Yes ○ No

1039(29). Are the joints of that extremity also stiff?
`(*813=='Yes')||(*814=='Yes')`

○ Yes ○ No

1040(30). Does it involve your calf only?
`false||(*812=='right arm')||(*812=='left arm')||(*812=='right leg')`

○ Yes ○ No

1041(31). Which calf?
`false||(*1040=='Yes')`

○ Right calf ○ Left calf ○ Both calves

2491(32). Have you been seen by a health care professional or taken medication for the swelling of your extremity in the past, but not in the last 6 months?
`member('Yes, during a period, 6 months to 5 years ago',*811)||member('Yes, more than 5 years ago',*811)`

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2637(33). Did you undergo a medical procedure or an operation for the swelling of an extremity in the past, but not in the last 6 months?
`member('Yes, I have seen a physician',*2491)||member('Yes, I have seen a nurse or physicians assistant',*2491)||member('Yes, I have seen a chiropractor or acupuncturist',*2491)`

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4371(34). Has swelling of an extremity been a problem for someone in your family in the past?

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```
member('Yes, in the past 6 months', *811)||member('Yes, during a period, 6 months to 5 years ago', *811)
||member('Yes, more than 5 years ago', *811)||member('Never', *811)
```

○ **Yes** ○ **No**

4372(35). Please identify who in your family has had a problem with swelling of an extremity or a similar diagnosis:

```
*4371=='Yes'
```

☐ **mother** ☐ **father** ☐ **sister #1 (oldest)** ☐ **sister #2** ☐ **sister #3** ☐ **sister #4** ☐ **brother #1 (oldest)** ☐ **brother #2** ☐ **brother #3** ☐ **brother #4** ☐ **maternal grandmother** ☐ **maternal grandfather** ☐ **paternal grandmother** ☐ **paternal grandfather**

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Feedback

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Toozo' Shotso

Skin

815(1). Do you have sore(s) in sun exposed areas?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2398(2). How often have sore(s) in sun exposed areas been a problem for you in the last month?
member('Yes, in the past 6 months',*815)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1368(3). How severe are the sore(s) in the sun exposed areas?
member('Yes, in the past 6 months',*815)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1369(4). How would you describe the sore(s) over the last month?
member('Yes, in the past 6 months',*815)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1480(5). Have you been seen by a health care professional or taken medication for the sore(s) in the past 6 months?
member('Yes, in the past 6 months',*815)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2640(6). Did you undergo a medical procedure or an operation for your sores in the last 6 months?
member('Yes, I have seen a physician',*1480)||member('Yes, I have seen a nurse or physicians assistant',*1480)||member('Yes, I have seen a chiropractor or acupuncturist',*1480)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

816(7). Is there an ulcer in the center of the sore(s)?
(*2398=='All Days'||*2398=='Most Days'||*2398=='Some Days')&&(*1368=='Extremely severe'||*1368=='Moderately severe')&&(*1369=='This is a new problem'||*1369=='It is getting worse'||*1369=='No change')

○ Yes ○ No

817(8). Do the sore(s) have a rolled or lumpy edge?
false||(*816=='Yes')

Toeza estaca

○ Yes ○ No

818(9). Are the edges of the sore(s) pearly?
false||(*816=='Yes')

○ Yes ○ No

819(10). Are the sore(s) crusted and cracked?
(*2398=='All Days'||*2398=='Most Days'||*2398=='Some Days')&&(*1368=='Extremely severe'||*1368=='Moderately severe')&&(*1369=='This is a new problem'||*1369=='It is getting worse'||*1369=='No change')

○ Yes ○ No

820(11). Are there some areas of ulceration?
false||(*819=='Yes')

○ Yes ○ No

2486(12). Have you been seen by a health care professional or taken medication for the sore(s) in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*815)||member('Yes, more than 5 years ago',*815)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2639(13). Did you undergo a medical procedure or an operation for your sore(s) in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2486)||member('Yes, I have seen a nurse or physicians assistant',*2486)||member('Yes, I have seen a chiropractor or acupuncturist',*2486)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4447(14). Have sore(s) in sun exposed areas been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *815)||member('Yes, during a period, 6 months to 5 years ago', *815)||member('Yes, more than 5 years ago', *815)||member('Never', *815)

○ Yes ○ No

4448(15). Please identify who in your family has had a problem with sore(s) in the sun exposed areas or a similar diagnosis:
*4447=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

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821(16). Do you have raised clear bumps on your skin?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2399(17). How often have raised clear bumps been a problem for you in the last month?
member('Yes, in the past 6 months',*821)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1370(18). How severe are the raised clear bumps on your skin?
member('Yes, in the past 6 months',*821)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1371(19). How would you describe the raised clear bumps over the last month?
member('Yes, in the past 6 months',*821)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1481(20). Have you been seen by a health care professional or taken medication for the raised clear bumps in the past 6 months?
member('Yes, in the past 6 months',*821)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2642(21). Did you undergo a medical procedure or an operation for your raised clear bumps in the last 6 months?
member('Yes, I have seen a physician',*1481)||member('Yes, I have seen a nurse or physicians assistant',*1481)||member('Yes, I have seen a chiropractor or acupuncturist',*1481)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

822(22). Are these bumps "itchy."
(*2399=='All Days'||*2399=='Most Days'||*2399=='Some Days')&&(*1370=='Extremely severe'||*1370=='Moderately severe')&&(*1371=='This is a new problem'||*1371=='It is getting worse'||*1371=='No change')

○ Yes ○ No

823(23). Are these bumps grouped together?
(*2399=='All Days'||*2399=='Most Days'||*2399=='Some Days')&&(*1370=='Extremely severe'||*1370=='Moderately severe')&&(*1371=='This is a new problem'||*1371=='It is getting worse'||*1371=='No change')

T0020" eshotgo

○ Yes ○ No

824(24). Where are these "itchy" bumps located?
(*822=='Yes')

☐ back of your scalp ☐ knee(s) ☐ buttocks ☐ arm(s) ☐ lips ☐ genitals ☐ other

825(25). Do they sometimes break open?
(*822=='Yes')&&(*823=='Yes')

○ Yes ○ No

826(26). Does clear fluid drain out of them?
(*822=='Yes')&&(*823=='Yes')

○ Yes ○ No

828(27). Do you get a tingling sensation on your skin before the lesions appear?
(*2399=='All Days'||*2399=='Most Days'||*2399=='Some Days')&&(*1370=='Extremely severe'||*1370=='Moderately severe')&&(*1371=='This is a new problem'||*1371=='It is getting worse'||*1371=='No change')

○ Yes ○ No

2493(28). Have you been seen by a health care professional or taken medication for the raised clear bumps in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*821)||member('Yes, more than 5 years ago',*821)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2641(29). Did you undergo a medical procedure or an operation for your raised clear bumps in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2493)||member('Yes, I have seen a nurse or physicians assistant',*2493)||member('Yes, I have seen a chiropractor or acupuncturist',*2493)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4449(30). Have raised clear bumps on their skin been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *821)||member('Yes, during a period, 6 months to 5 years ago', *821)||member('Yes, more than 5 years ago', *821)||member('Never', *821)

○ Yes ○ No

4450(31). Please identify who in your family has had a problem with raised clear bumps on their skin or a similar diagnosis:
*4449=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

829(32). Do you have increased coloration on your skin?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2400(35). How often has increased coloration been a problem for you in the last month?
member('Yes, in the past 6 months',*829)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1482(36). How severe is the increased coloration on your skin?
member('Yes, in the past 6 months',*829)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1483(37). How would you describe the increased coloration on your skin?
member('Yes, in the past 6 months',*829)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1484(38). Have you been seen by a health care professional or taken medication for the increased coloration on your skin in the past 6 months?
member('Yes, in the past 6 months',*829)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2644(39). Did you undergo a medical procedure or an operation for your increased skin coloration in the last 6 months?
member('Yes, I have seen a physician',*1484)||member('Yes, I have seen a nurse or physicians assistant',*1484)||member('Yes, I have seen a chiropractor or acupuncturist',*1484)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

830(40). Where do you have increased coloration of your skin?
member(*2400,'All Days|Most Days|Some Days|Few Days')&&member(*1482,'Extremely severe|Moderately
&&member(*1483,'This is a new problem|It is getting worse|No change')

☐ armpits ☐ neck ☐ groin ☐ hands ☐ other

831(41). Are the areas involved smooth and velvety?

member(*2400,'All Days|Most Days|Some Days|Few Days')&&member(*1482,'Extremely severe|Moderately
&&member(*1483,'This is a new problem|It is getting worse|No change')

○ Yes ○ No

832(42). Do you have any black or brown "moles"?
member(*2400,'All Days|Most Days|Some Days|Few Days')&&member(*1482,'Extremely severe|Moderately
&&member(*1483,'This is a new problem|It is getting worse|No change')

○ Yes ○ No

833(43). Have you noticed any changes in the appearance of the mole(s)?
false||(*832=='Yes')

○ Yes ○ No

835(45). Is the border irregular?
false||(*833=='Yes')

○ Yes ○ No

836(46). Has it changed in color?
false||(*833=='Yes')

○ Yes ○ No

837(47). Has it increased in size by more than 5mm?
false||(*833=='Yes')

○ Yes ○ No

838(48). Do you have multiple cream colored flat "beauty marks"?
member(*2400,'All Days|Most Days|Some Days|Few Days')&&member(*1482,'Extremely severe|Moderately
&&member(*1483,'This is a new problem|It is getting worse|No change')

○ Yes ○ No

839(49). Do you also have a sensation of fullness in your ear(s)?
false||(*838=='Yes')

○ right ear ○ left ear ○ both ears

10838(50). Do you often have dizziness?
false||(*838=='Yes')

○ Yes ○ No

841(52). Do you also have "skin tags"?
false||(*838=='Yes')

Topaz redacted

○ Yes ○ No

842(55). Did you develop pubic hair by the age of 10 or earlier?
`false||(*838=='Yes')`

○ Yes ○ No

843(56). Did you have genital growth by the age of 10 or earlier?
`false||(*838=='Yes')`

○ Yes ○ No

844(57). Did you have breast development by the age of 10 or earlier?
`false||(*838=='Yes')`

○ Yes ○ No

845(58). Did you begin menstruation by the age of 10 or earlier?
`false||(*838=='Yes')`

○ Yes ○ No

846(59). Do you also have many areas of bone pain?
`(*842=='Yes')||(*843=='Yes')||(*844=='Yes')||(*845=='Yes')`

○ Yes ○ No

847(60). Have you ever had a bone x-ray where your doctor told you you have fibrous dysplasia?
`(*842=='Yes')||(*843=='Yes')||(*844=='Yes')||(*845=='Yes')`

○ Yes ○ No

848(61). Do you have a red rash over your cheeks?
`member(*2400,'All Days|Most Days|Some Days|Few Days')&&member(*1482,'Extremely severe|Moderately`
`&&member(*1483,'This is a new problem|It is getting worse|No change')`

○ Yes ○ No

849(62). Does it cross over the bridge of your nose?
`*848=='Yes'`

○ Yes ○ No

850(63). Do your fingers get purple when exposed to the cold?
`*848=='Yes'`

○ Yes ○ No

851(64). Do you ever get ulcers at the tips of your fingers?
`*848=='Yes'`

○ Yes ○ No

852(65). Has the skin around your face been getting smoother and tighter?
*848=='Yes'

○ Yes ○ No

853(67). Has the skin on your fingers been getting smoother and tighter?
*848=='Yes'

○ Yes ○ No

854(68). Is your skin especially dark in areas which are exposed to the sun?
member(*2400,'All Days|Most Days|Some Days|Few Days')&&member(*1482,'Extremely severe|Moderately
&&member(*1483,'This is a new problem|It is getting worse|No change')

○ Yes ○ No

855(69). Is your skin also generally itchy?
(*854=='Yes')

○ Yes ○ No

856(70). Do your eyes have a yellow coloration?
(*854=='Yes')

○ Yes ○ No

857(73). Do you have "freckles" inside your mouth?
member(*2400,'All Days|Most Days|Some Days|Few Days')&&member(*1482,'Extremely severe|Moderately
&&member(*1483,'This is a new problem|It is getting worse|No change')

○ Yes ○ No

858(74). Do you have "freckles" on your lips?
(*857=='Yes')

○ Yes ○ No

859(75). Is the increased skin coloration especially noticeable in the creases of your palms?
(*857=='Yes')

○ Yes ○ No

2494(76). Have you been seen by a health care professional or taken medication for the increased coloration on your skin in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*829)||member('Yes, more than 5 years ago',*829)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or

Topical Steroid

acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2643(77). Did you undergo a medical procedure or an operation for your increased skin coloration in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2494)||member('Yes, I have seen a nurse or physicians
assistant',*2494)||member('Yes, I have seen a chiropractor or acupuncturist',*2494)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4373(78). Has increased skin coloration been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *829)||member('Yes, during a period, 6 months to 5 years ago', *829)
||member('Yes, more than 5 years ago', *829)||member('Never', *829)
```

○ Yes ○ No

4374(79). Please identify who in your family has had a problem with increased skin coloration or a similar diagnosis:

```
*4373=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

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TOPICAL SHORTCUTS

Emotional Well Being

860(1). Do you have anxiety?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2401(2). How often has anxiety been a problem for you in the last month?
member('Yes, in the past 6 months',*860)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1376(3). How severe is the anxiety?
member('Yes, in the past 6 months',*860)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1377(4). How would you describe the anxiety over the last month?
member('Yes, in the past 6 months',*860)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1485(5). Have you been seen by a health care professional or taken medication for your anxiety in the past 6 months?
member('Yes, in the past 6 months',*860)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2646(6). Did you undergo a medical procedure or an operation for your anxiety in the last 6 months?
member('Yes, I have seen a physician',*1485)||member('Yes, I have seen a nurse or physicians assistant',*1485)||member('Yes, I have seen a chiropractor or acupuncturist',*1485)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

861(7). Have you ever experienced a period of intense fear?
(*2401=='All Days'||*2401=='Most Days'||*2401=='Some Days')&&(*1376=='Extremely severe'||*1376=='Moderately severe')&&(*1377=='This is a new problem'||*1377=='It is getting worse'||*1377=='No change')

○ Yes ○ No

862(8). Did you also suddenly develop palpitations or a sensation of a fast heart rate?
false||(*861=='Yes')

Tobacco Smoke

○ Yes ○ No

863(9). Did you also suddenly develop profuse sweating?
false||(*861=='Yes')

○ Yes ○ No

864(10). Did you also suddenly begin to tremble or shake?
false||(*861=='Yes')

○ Yes ○ No

865(11). Did you also suddenly have a sensation of shortness of breath or smothering?
false||(*861=='Yes')

○ Yes ○ No

866(12). Did you also suddenly develop chest pain or discomfort?
false||(*861=='Yes')

○ Yes ○ No

867(13). Did you also suddenly develop a feeling of unreality?
false||(*861=='Yes')

○ Yes ○ No

868(14). Did you also suddenly develop a fear of losing control or going crazy?
false||(*861=='Yes')

○ Yes ○ No

869(15). Did you also suddenly develop nausea or abdominal distress?
false||(*861=='Yes')

○ Yes ○ No

870(16). Did you also suddenly develop a fear of dying?
false||(*861=='Yes')

○ Yes ○ No

872(18). Did you also suddenly develop chills or hot flashes?
false||(*861=='Yes')

○ Yes ○ No

873(19). Did you also suddenly develop numbness or a tingling sensation?
false||(*861=='Yes')

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○ Yes ○ No

874(20). How long did it generally take for these symptoms to reach a peak of intensity?
false||(*861=='Yes')

○ 1 minute ○ 1 to 5 minutes ○ 6 to 10 minutes ○ more than 10 minutes

875(21). Does this period of intense fear usually occur because of a persistent fear of a something?
false||(*874=='1 minute')||(*874=='1 to 5 minutes')||(*874=='6 to 10 minutes')

○ Yes ○ No

876(22). Do you feel that the amount of fear you experience is greater than it should be?
false||(*875=='Yes')

○ Yes ○ No

877(23). Do you have anxiety about being in places from which escape maybe difficult or embarassing?
(*2401=='All Days'||*2401=='Most Days'||*2401=='Some Days')&&(*1376=='Extremely severe'||*1376=='Moderately severe')&&(*1377=='This is a new problem'||*1377=='It is getting worse'||*1377=='No change')

○ Yes ○ No

878(24). Have you experienced excessive anxiety more days than not about more than one activity or event?
(*2401=='All Days'||*2401=='Most Days'||*2401=='Some Days')&&(*1376=='Extremely severe'||*1376=='Moderately severe')&&(*1377=='This is a new problem'||*1377=='It is getting worse'||*1377=='No change')

○ Yes ○ No

879(25). How often do these episodes of anxiety occur?
false||(*878=='Yes')

○ most days in one month ○ most days in two months ○ most days in three months ○ most days in four months ○ most days in five months ○ most days in six months

880(26). Do you find it difficult to control the worry?
false||(*878=='Yes')

○ Yes ○ No

881(27). Do you also experience restlessness?
false||(*880=='Yes')

○ Yes ○ No

882(28). Are you also easily fatigued?
false||(*880=='Yes')

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○ Yes ○ No

883(29). Do you also experience difficulty concentrating?
`false||(*880=='Yes')`

○ Yes ○ No

884(30). Do you also feel irritable?
`false||(*880=='Yes')`

○ Yes ○ No

885(31). Do you also have tension in your muscles?
`false||(*880=='Yes')`

○ Yes ○ No

886(32). Do you also have problems with sleeping?
`false||(*880=='Yes')`

○ Yes ○ No

887(33). Do you think about fears for more than one hour/day?
`(*2401=='All Days'||*2401=='Most Days'||*2401=='Some Days')&&(*1376=='Extremely severe'||*1376=='Moderately severe')&&(*1377=='This is a new problem'||*1377=='It is getting worse'||*1377=='No change')`

○ Yes ○ No

888(34). Do you behave a certain way to relieve a fear for more than one hour/day?
`(*2401=='All Days'||*2401=='Most Days'||*2401=='Some Days')&&(*1376=='Extremely severe'||*1376=='Moderately severe')&&(*1377=='This is a new problem'||*1377=='It is getting worse'||*1377=='No change')`

○ Yes ○ No

889(35). Do you try to hide your fears from others?
`(*887=='Yes')||(*888=='Yes')`

○ Yes ○ No

2495(36). Have you been seen by a health care professional or taken medication for your anxiety in the past, but not in the last 6 months?
`member('Yes, during a period, 6 months to 5 years ago',*860)||member('Yes, more than 5 years ago',*860)`

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2645(37). Did you undergo a medical procedure or an operation for your anxiety in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2495)||member('Yes, I have seen a nurse or physicians
assistant',*2495)||member('Yes, I have seen a chiropractor or acupuncturist',*2495)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4455(38). Has anxiety been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *860)||member('Yes, during a period, 6 months to 5 years ago', *860)
||member('Yes, more than 5 years ago', *860)||member('Never', *860)
```

○ Yes ○ No

4456(39). Please identify who in your family has had a problem with anxiety or a similar diagnosis:

```
*4455=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

890(40). Do you have episodes of depression?

```
true
```

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2402(41). How often has depression been a problem for you in the last month?

```
member('Yes, in the past 6 months',*890)
```

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1378(42). How severe is the depression?

```
member('Yes, in the past 6 months',*890)
```

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1379(43). How would you describe the depression over the last month?

```
member('Yes, in the past 6 months',*890)
```

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1486(44). Have you been seen by a health care professional or taken medication for your depression in the past 6 months?

```
member('Yes, in the past 6 months',*890)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken

medication

2648(45). Did you undergo a medical procedure or an operation for your depression in the last 6 months?

```
member('Yes, I have seen a physician',*1486)||member('Yes, I have seen a nurse or physicians
assistant',*1486)||member('Yes, I have seen a chiropractor or acupuncturist',*1486)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

893(46). Have you had a depressed mood or loss of interest in things that usually made you happy?

```
(*2402=='All Days'||*2402=='Most Days'||*2402=='Some Days')&&(*1378=='Extremely
severe'||*1378=='Moderately severe')&&(*1379=='This is a new problem'||*1379=='It is getting
worse'||*1379=='No change')
```

○ Yes ○ No

894(47). How long does this depression last?

```
(*2402=='All Days'||*2402=='Most Days'||*2402=='Some Days')&&(*1378=='Extremely
severe'||*1378=='Moderately severe')&&(*1379=='This is a new problem'||*1379=='It is getting
worse'||*1379=='No change')
```

○ less than 5 days ○ 5 to 10 days ○ 11 to 16 days ○ more than 16 days

2496(48). Have you been seen by a health care professional or taken medication for your depression in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*890)||member('Yes, more than 5 years ago',*890)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2647(49). Did you undergo a medical procedure or an operation for your depression in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2496)||member('Yes, I have seen a nurse or physicians
assistant',*2496)||member('Yes, I have seen a chiropractor or acupuncturist',*2496)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4457(50). Has depression been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *890)||member('Yes, during a period, 6 months to 5 years ago', *890)
||member('Yes, more than 5 years ago', *890)||member('Never', *890)
```

○ Yes ○ No

4458(51). Please identify who in your family has had a problem with depression or a similar diagnosis:

```
*4457=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2

☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

891(52). Do you have episodes of extremely elevated mood?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2403(57). How often has your extremely elevated mood been a problem for you in the last month?
member('Yes, in the past 6 months',*891)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1380(58). How severe is your elevated mood?
member('Yes, in the past 6 months',*891)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1381(59). How would you describe the elevated mood over the last month?
member('Yes, in the past 6 months',*891)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1487(60). Have you been seen by a health care professional or taken medication for your elevated mood in the past 6 months?
member('Yes, in the past 6 months',*891)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2650(62). Did you undergo a medical procedure or an operation for your elevated mood in the last 6 months?
member('Yes, I have seen a physician',*1487)||member('Yes, I have seen a nurse or physicians assistant',*1487)||member('Yes, I have seen a chiropractor or acupuncturist',*1487)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

892(63). How long do you experience an elevated mood?
(*2403=='All Days'||*2403=='Most Days'||*2403=='Some Days')&&(*1380=='Extremely severe'||*1380=='Moderately severe')&&(*1381=='This is a new problem'||*1381=='It is getting worse'||*1381=='No change')

○ 1 day ○ 1 to 5 days ○ 5 to 7 days ○ more than 7 days

895(66). Have you also had unintentional weight loss?
(*893=='Yes')||(*894=='less than 5 days')||(*894=='5 to 10 days')||(*894=='11 to 16 days')

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○ Yes ○ No

896(67). Have you also had a decrease in appetitie?
(*893=='Yes')||(*894=='less than 5 days')||(*894=='5 to 10 days')||(*894=='11 to 16 days')

○ Yes ○ No

897(68). Have you also had a loss of energy?
(*893=='Yes')||(*894=='less than 5 days')||(*894=='5 to 10 days')||(*894=='11 to 16 days')

○ Yes ○ No

898(69). Have you also had feelings of worthlessness?
(*893=='Yes')||(*894=='less than 5 days')||(*894=='5 to 10 days')||(*894=='11 to 16 days')

○ Yes ○ No

899(70). Have you also had a decrease in your ability to concentrate?
(*893=='Yes')||(*894=='less than 5 days')||(*894=='5 to 10 days')||(*894=='11 to 16 days')

○ Yes ○ No

2497(71). Have you been seen by a health care professional or taken medication for your elevated mood in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*891)||member('Yes, more than 5 years ago',*891)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2649(72). Did you undergo a medical procedure or an operation for your elevated mood in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2497)||member('Yes, I have seen a nurse or physicians assistant',*2497)||member('Yes, I have seen a chiropractor or acupuncturist',*2497)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4459(73). Has an elevated mood been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *891)||member('Yes, during a period, 6 months to 5 years ago', *891)||member('Yes, more than 5 years ago', *891)||member('Never', *891)

○ Yes ○ No

4460(74). Please identify who in your family has had a problem with an elevated mood or a similar diagnosis:
*4459=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal

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grandfather

900(75). Have you had episodes of extreme stress?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2404(76). How often has extreme stress been a problem for you in the last month?
member('Yes, in the past 6 months',*900)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1382(77). How severe is the extreme stress?
member('Yes, in the past 6 months',*900)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1383(78). How would you describe the extreme stress over the last month?
member('Yes, in the past 6 months',*900)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1488(79). Have you been seen by a health care professional or taken medication for your stress in the past 6 months?
member('Yes, in the past 6 months',*900)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2652(81). Did you undergo a medical procedure or an operation for your stress in the last 6 months?
member('Yes, I have seen a physician',*1488)||member('Yes, I have seen a nurse or physicians assistant',*1488)||member('Yes, I have seen a chiropractor or acupuncturist',*1488)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

901(82). Have you ever witnessed an event that involved threatened death or serious injury?
(*2404=='All Days'||*2404=='Most Days'||*2404=='Some Days')&&(*1382=='Extremely severe'||*1382=='Moderately severe')&&(*1383=='This is a new problem'||*1383=='It is getting worse'||*1383=='No change')

○ Yes ○ No

902(83). Have you ever experienced an event that involved threatened death or serious injury?
(*2404=='All Days'||*2404=='Most Days'||*2404=='Some Days')&&(*1382=='Extremely severe'||*1382=='Moderately severe')&&(*1383=='This is a new problem'||*1383=='It is getting worse'||*1383=='No change')

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○ Yes ○ No

903(84). Do you recollect the event in a distressing way?
(*901=='Yes')||(*902=='Yes')

○ Yes ○ No

904(85). In what way do you recollect the event?
false||(*903=='Yes')

☐ dreams ☐ daydreaming ☐ feeling that the event was recurring ☐ other

905(86). Do you try to avoid thinking of the event or people that remind you of it?
false||(*903=='Yes')

○ Yes ○ No

906(87). Do you also have difficulty sleeping?
false||(*905=='Yes')

○ Yes ○ No

907(88). Do you also have an exaggerated startle response?
false||(*905=='Yes')

○ Yes ○ No

2498(89). Have you been seen by a health care professional or taken medication for your stress in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*900)||member('Yes, more than 5 years ago',*900)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2651(90). Did you undergo a medical procedure or an operation for your stress in the past, but not in the last 6 months?
member('Yes, I have seen a physician',*2498)||member('Yes, I have seen a nurse or physicians assistant',*2498)||member('Yes, I have seen a chiropractor or acupuncturist',*2498)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4377(91). Has extreme stress been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *900)||member('Yes, during a period, 6 months to 5 years ago', *900)||member('Yes, more than 5 years ago', *900)||member('Never', *900)

○ Yes ○ No

Topaz Enabled

4378(92). Please identify who in your family has had a problem with extreme stress or a similar diagnosis:
*4377=='Yes'

☐ **mother** ☐ **father** ☐ **sister #1 (oldest)** ☐ **sister #2** ☐ **sister #3** ☐ **sister #4** ☐ **brother #1 (oldest)** ☐ **brother #2** ☐ **brother #3** ☐ **brother #4** ☐ **maternal grandmother** ☐ **maternal grandfather** ☐ **paternal grandmother** ☐ **paternal grandfather**

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Toozo estates

Nervous System

908(1). Do you have numbness in one or more parts of your body?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2405(2). How often has numbness in one or more parts of your body been a problem for you in the last month?
member('Yes, in the past 6 months',*908)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1372(3). How severe is the numbness in one or more parts of your body?
member('Yes, in the past 6 months',*908)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1373(4). How would you describe the numbness in one or more parts of your body over the last month?
member('Yes, in the past 6 months',*908)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1489(5). Have you been seen by a health care professional or taken medication for your numbness in the past 6 months?
member('Yes, in the past 6 months',*908)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2587(6). Did you undergo a medical procedure or an operation for your numbness in the last 6 months?
member('Yes, I have seen a physician',*1489)||member('Yes, I have seen a nurse or physicians assistant',*1489)||member('Yes, I have seen a chiropractor or acupuncturist',*1489)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

909(7). Do you have numbness in your face?
(*2405=='All Days'||*2405=='Most Days'||*2405=='Some Days')&&(*1372=='Extremely severe'||*1372=='Moderately severe')&&(*1373=='This is a new problem'||*1373=='It is getting worse'||*1373=='No change')

○ Yes ○ No

1108(8). Do you have an area of numbness on your upper lip?
false||(*909=='Yes')

Tobacco Snuff

○ Yes ○ No

910(9). Does the numbnes mostly affect your hands?

```
(*2405=='All Days'||*2405=='Most Days'||*2405=='Some Days')&&(*1372=='Extremely
severe'||*1372=='Moderately severe')&&(*1373=='This is a new problem'||*1373=='It is getting
worse'||*1373=='No change')
```

○ Yes ○ No

2656(10). Is your neck generally stiff?

```
false||(*910=='Yes')
```

○ Yes ○ No

912(12). Does the numbness get worse at night?

```
false||(*910=='Yes')
```

○ Yes ○ No

913(13). Do you have pains that shoot up your hand(s) from your wrist(s)?

```
false||(*910=='Yes')
```

○ Yes ○ No

1109(14). Does it mostly affect your feet?

```
(*2405=='All Days'||*2405=='Most Days'||*2405=='Some Days')&&(*1372=='Extremely
severe'||*1372=='Moderately severe')&&(*1373=='This is a new problem'||*1373=='It is getting
worse'||*1373=='No change')
```

○ Yes ○ No

1110(17). Where on your feet do you have numbness?

```
false||(*1109=='Yes')
```

○ right heel ○ left heel ○ right toes ○ left toes ○ top of right foot ○ top of left foot

914(18). Do you have numbness on only one side of your body?

```
(*2405=='All Days'||*2405=='Most Days'||*2405=='Some Days')&&(*1372=='Extremely
severe'||*1372=='Moderately severe')&&(*1373=='This is a new problem'||*1373=='It is getting
worse'||*1373=='No change')
```

○ Yes ○ No

315(19). Do you often have blurry vision?

```
false||(*914=='Yes')
```

○ Yes ○ No

916(20). Do you also have confusion?

false||(*914=='Yes')

○ Yes ○ No

917(21). Do you also have difficulty speaking?
false||(*914=='Yes')

○ Yes ○ No

918(22). Do you also have decrease in strength in your arm(s)?
false||(*914=='Yes')

○ Yes ○ No

919(23). Do you also have a decrease in strength in your leg(s)?
false||(*914=='Yes')

○ Yes ○ No

920(24). Have these symptoms gotten better or disappeared recently?
(*315=='Yes')||(*916=='Yes')||(*917=='Yes')||(*918=='Yes')||(*919=='Yes')

○ Yes ○ No

921(27). Do your fingers or toes get numb in cold weather?
false||(*914=='Yes')

○ Yes ○ No ○ I am not exposed to cold air

922(28). Do your fingers or toes turn blue in cold weather?
false||(*914=='Yes')

○ Yes ○ No ○ I am not exposed to cold air

923(30). Do your fingers or toes become red and painful when the feeling returns?
false||(*914=='Yes')

○ Yes ○ No

2499(31). Have you been seen by a health care professional or taken medication for your numbness in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*908)||member('Yes, more than 5 years ago',*908)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2504(32). Did you undergo a medical procedure or an operation for your numbness in the past, but not in the last 6 months?

false||(*2499=='Yes, I have seen a physician')||(*2499=='Yes, I have seen a nurse or physicians assistant')||(*2499=='Yes, I have seen a chiropractor or acupuncturist')

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4451(33). Has numbness in one or more parts of their body been a problem for someone in your family in the past?

member('Yes, in the past 6 months', *908)||member('Yes, during a period, 6 months to 5 years ago', *908)||member('Yes, more than 5 years ago', *908)||member('Never', *908)

○ Yes ○ No

4452(34). Please identify who in your family has had a problem with numbness in one or more parts of their body or a similar diagnosis:

*4451=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

924(35). Do you have dizziness?

true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2406(36). How often has dizziness been a problem for you in the last month?

member('Yes, in the past 6 months',*924)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1374(37). How severe is the dizziness?

member('Yes, in the past 6 months',*924)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1375(38). How would you describe the dizziness over the last month?

member('Yes, in the past 6 months',*924)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1490(39). Have you been seen by a health care professional or taken medication for your dizziness in the past 6 months?

member('Yes, in the past 6 months',*924)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken

10020 exhibit

medication

2573(40). Did you undergo a medical procedure or an operation for your dizziness in the last 6 months?

```
member('Yes, I have seen a physician',*1490)||member('Yes, I have seen a nurse or physicians
assistant',*1490)||member('Yes, I have seen a chiropractor or acupuncturist',*1490)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

925(41). Do you have the sensation of the room spinning around?

```
(*2406=='All Days'||*2406=='Most Days'||*2406=='Some Days')&&(*1374=='Extremely
severe'||*1374=='Moderately severe')&&(*1375=='This is a new problem'||*1375=='It is getting
worse'||*1375=='No change')
```

○ Yes ○ No

926(42). Do you have ringing in your ear(s)?

```
(*2406=='All Days'||*2406=='Most Days'||*2406=='Some Days')&&(*1374=='Extremely
severe'||*1374=='Moderately severe')&&(*1375=='This is a new problem'||*1375=='It is getting
worse'||*1375=='No change')
```

○ Yes ○ No

928(44). Which ear have you noticed ringing?

```
false||(*926=='Yes')
```

○ right ear ○ left ear ○ both ears

927(45). Have you had some loss of hearing?

```
(*2406=='All Days'||*2406=='Most Days'||*2406=='Some Days')&&(*1374=='Extremely
severe'||*1374=='Moderately severe')&&(*1375=='This is a new problem'||*1375=='It is getting
worse'||*1375=='No change')
```

○ Yes ○ No

929(46). Which ear have you noticed some loss of hearing?

```
false||(*927=='Yes')
```

○ right ear ○ left ear ○ both ears

930(47). Does turning your head trigger dizziness?

```
(*2406=='All Days'||*2406=='Most Days'||*2406=='Some Days')&&(*1374=='Extremely
severe'||*1374=='Moderately severe')&&(*1375=='This is a new problem'||*1375=='It is getting
worse'||*1375=='No change')
```

○ Yes ○ No

931(48). Does looking upwards trigger dizziness?

```
(*2406=='All Days'||*2406=='Most Days'||*2406=='Some Days')&&(*1374=='Extremely
severe'||*1374=='Moderately severe')&&(*1375=='This is a new problem'||*1375=='It is getting
```

T0020 "ehoTeo

worse'||*1375=='No change')

○ Yes ○ No

932(49). Have you also found it difficult to keep your balance?

(*2406=='All Days'||*2406=='Most Days'||*2406=='Some Days')&&(*1374=='Extremely severe'||*1374=='Moderately severe')&&(*1375=='This is a new problem'||*1375=='It is getting worse'||*1375=='No change')

○ Yes ○ No

933(50). Have you had frequent episodes of vomiting?

(*2406=='All Days'||*2406=='Most Days'||*2406=='Some Days')&&(*1374=='Extremely severe'||*1374=='Moderately severe')&&(*1375=='This is a new problem'||*1375=='It is getting worse'||*1375=='No change')

○ Yes ○ No

934(51). Have you also had difficulty speaking?

(*2406=='All Days'||*2406=='Most Days'||*2406=='Some Days')&&(*1374=='Extremely severe'||*1374=='Moderately severe')&&(*1375=='This is a new problem'||*1375=='It is getting worse'||*1375=='No change')

○ Yes ○ No

935(52). Have you also had temporary loss of vision in your eye(s)?

(*2406=='All Days'||*2406=='Most Days'||*2406=='Some Days')&&(*1374=='Extremely severe'||*1374=='Moderately severe')&&(*1375=='This is a new problem'||*1375=='It is getting worse'||*1375=='No change')

○ Yes ○ No

936(53). Have you also had weakness in your arm(s)?

(*2406=='All Days'||*2406=='Most Days'||*2406=='Some Days')&&(*1374=='Extremely severe'||*1374=='Moderately severe')&&(*1375=='This is a new problem'||*1375=='It is getting worse'||*1375=='No change')

○ Yes ○ No

937(54). Have you also had weakness in your leg(s)?

(*2406=='All Days'||*2406=='Most Days'||*2406=='Some Days')&&(*1374=='Extremely severe'||*1374=='Moderately severe')&&(*1375=='This is a new problem'||*1375=='It is getting worse'||*1375=='No change')

○ Yes ○ No

938(55). Have you also had numbness in any part of your body?

(*2406=='All Days'||*2406=='Most Days'||*2406=='Some Days')&&(*1374=='Extremely

severe'||*1374=='Moderately severe')&&(*1375=='This is a new problem'||*1375=='It is getting worse'||*1375=='No change')

○ Yes ○ No

939(56). Have these symptoms disappeared?
(*933=='Yes')||(*934=='Yes')||(*935=='Yes')||(*936=='Yes')||(*937=='Yes')||(*938=='Yes')

○ Yes ○ No

2500(57). Have you been seen by a health care professional or taken medication for your dizziness in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*924)||member('Yes, more than 5 years ago',*924)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2503(58). Did you undergo a medical procedure or an operation for your dizziness in the past, but not in the last 6 months?
false||(*2500=='Yes, I have seen a physician')||(*2500=='Yes, I have seen a nurse or physicians assistant')||(*2500=='Yes, I have seen a chiropractor or acupuncturist')

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4453(59). Has dizziness been a problem for someone in your family in the past?
member('Yes, in the past 6 months', *924)||member('Yes, during a period, 6 months to 5 years ago', *924)||member('Yes, more than 5 years ago', *924)||member('Never', *924)

○ Yes ○ No

4454(60). Please identify who in your family has had a problem with dizziness or a similar diagnosis:
*4453=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

940(61). Do you have seizures?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2407(62). How often have seizures been a problem for you in the last month?
member('Yes, in the past 6 months',*940)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1491(63). How severe are the seizures?
member('Yes, in the past 6 months',*940)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1492(64). How would you describe the seizures?
member('Yes, in the past 6 months',*940)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1493(65). Have you been seen by a health care professional or taken medication for your seizures in the past 6 months?
member('Yes, in the past 6 months',*940)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2588(66). Did you undergo a medical procedure or an operation for your seizures in the last 6 months?
member('Yes, I have seen a physician',*1493)||member('Yes, I have seen a nurse or physicians assistant',*1493)||member('Yes, I have seen a chiropractor or acupuncturist',*1493)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

1526(67). Do you experience a premonition or "feeling" that a seizure will occur soon?
member('Yes, in the past 6 months',*940)

○ Yes ○ No

1527(68). What is the feeling you experience before a seizure?
*1526=='Yes'

☐ mood change ☐ confusion ☐ blurry vision ☐ other

1529(69). Did you ever have a loss of consciousness during a seizure?
member('Yes, in the past 6 months',*940)

○ Yes ○ No

1528(70). Do you have any symptom after a seizure?
member('Yes, in the past 6 months',*940)

○ Yes ○ No

1530(71). What symptoms do you have after a seizure?
*1528=='Yes'

☐ confusion ☐ drowsiness ☐ weakness ☐ loss of bladder or bowel function

2501(72). Have you been seen by a health care professional or taken medication for your seizures in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*940)||member('Yes, more than 5 years ago',*940)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2502(73). Did you undergo a medical procedure or an operation for your seizures in the past, but not in the last 6 months?

```
false||(*2501=='Yes, I have seen a physician')||(*2501=='Yes, I have seen a nurse or physicians
assistant')||(*2501=='Yes, I have seen a chiropractor or acupuncturist')
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4375(74). Have seizures been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *940)||member('Yes, during a period, 6 months to 5 years ago', *940)
||member('Yes, more than 5 years ago', *940)||member('Never', *940)
```

○ Yes ○ No

4376(75). Please identify who in your family has had a problem with seizures or a similar diagnosis:

```
*4375=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Toozo' eshoteo

Allergies

1007(1). Have you had an allergic reaction to medication(s)?
`true`

○ Yes ○ No

1008(2). What was the type of drug that caused a reaction?
`*1007=='Yes'`

○ penicillin ○ drugs containing sulfa ○ x-ray contrast dye ○ medicine containing iodine ○ other

1570(3). Please describe the drug that caused the reaction:
`*1008=='other'`

1009(4). What was the reaction?
`*1007=='Yes'`

○ hives ○ general rash ○ difficulty breathing ○ nausea ○ vomiting

1010(5). How was it treated?
`false||(*1007=='Yes')`

○ Benadryl ○ Prednisone ○ Solumedrol ○ Compazine ○ Other medicine ○ Intubation ○ It was not treated

1011(6). Do you have other allergies?
`true`

○ Yes ○ No

1549(8). What other allergies do you have?
`*1011=='Yes'`

☐ bee or wasp stings ☐ Latex or rubber ☐ adhesive tape ☐ betadine ☐ peanuts ☐ food ☐ pollen ☐ other

1569(9). Please describe your other allergies?
`*1549=='other'`

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

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T09220 esh0t60

Current Medication History

Symptom for which you said you have taken medication	Medication Name	Dosage	Frequency	Start Date	End Date

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Toolbar Shortcuts

Please review the info you entered:

Question	Answer
What Year were you born?	
What is your gender?	**Female**
What is the one complaint which bothers you the most?	
When did the first symptom appear that led you to a doctor?	
How long have you been visiting a doctor to manage this problem?	
When was your last visit regarding this problem?	
As you understand it, what is your diagnosis?	
What test was used to diagnose it?	
Please describe the drug that caused the reaction:	
Please describe your other allergies?	
What country were you born in?	
What is your first language?	
What is your occupation (work)?	
What was your previous job?	
Where did the exposure occur?	

Submit

Feedback

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T00220' E9h0T660

Social History

948(1). What is your nationality?
true

○ Hispanic ○ Native American ○ Asian or Pacific Islander ○ African American ○ White/not Hispanic ○ Other

949(2). What country were you born in?
true

950(3). Is English your first language?
true

○ Yes ○ No

951(4). What is your first language?
false||(*950=='No')

952(5). What was the highest level of education that you completed?
true

○ finished 8th grade ○ finished high school ○ attended college but did not receive a degree ○ earned a college degree ○ earned a postgraduate degree

953(6). Please describe your employment:
true

○ full-time work ○ part-time work ○ unemployed ○ retired ○ homemaker ○ unable to work because of health ○ other

954(7). What is your occupation (work)?
(*953=='full-time work')||(*953=='part-time work')

957(10). Have you had any previous jobs for more than one year (in the last five years)?

TOBACCO 03407660

true

○ Yes ○ No

958(11). What was your previous job?
false||(*957=='Yes')

959(12). Have you been in the Military Service?
true

○ Yes ○ No

960(14). Please name the branch of service you were in:
(*959=='Yes')

○ Army ○ Navy ○ Air Force ○ Marines ○ Public Health Service

10895(15). Are you currently in the military service?
(*959=='Yes')

○ Yes ○ No

961(16). Have you been exposed to any environmental toxins?
true

○ Yes ○ No ○ I do not know

962(17). Which environmental toxins have you been exposed to?
false||(*961=='Yes')

○ asbestos ○ radiation ○ silica ○ anniline dye ○ other

963(18). Where did the exposure occur?
false||(*961=='Yes')

964(19). How long was the exposure?
false||(*961=='Yes')

○ hours ○ days ○ weeks ○ months ○ years

965(20). What was the method of exposure?
false||(*961=='Yes')

T00220 E9h0T660

○ skin ○ swallowing ○ inhaling ○ other

968(23). Have you ever smoked cigarettes?
true

○ Yes ○ No

967(24). What is the number of packs of cigarettes you smoke or smoked, per week?
*968=='Yes'

○ more than 3 ○ 2 to 3 ○ 1 to 2 ○ less than 1 ○ none

1111(25). How long have you been smoking or did you smoke that amount?
false||(*967=='more than 3')||(*967=='2 to 3')||(*967=='1 to 2')||(*967=='less than 1')

○ less than 1 year ○ 1 to 5 years ○ 6 to 10 years ○ 11 to 15 years ○ 16 to 20 years ○ 21 to 30 years ○ 31 to 40 years

969(27). How many packs/week did you smoke?
false||(*968=='Yes')

○ more than 3 ○ 2 to 3 ○ 1 to 2 ○ less than 1 ○ none

970(28). How many years did you smoke cigarettes?
false||(*968=='Yes')

○ less than 1 year ○ 1 to 5 years ○ 6 to 10 years ○ 11 to 15 years ○ 16 to 20 years ○ 21 to 30 years ○ 31 to 40 years

971(29). When did you stop smoking?
false||(*968=='Yes')

○ less than 1 year ○ 1 to 5 years ○ 6 to 10 years ○ 11 to 15 years ○ 16 to 20 years ○ 21 to 30 years ○ 31 to 40 years

973(30). Have you ever smoked cigars?
true

○ Yes ○ No

972(31). What is the number of cigars you smoke or used to smoke, per week?
*973=='Yes'

○ more than 3 ○ 2 to 3 ○ 1 to 2 ○ less than 1 ○ none

974(33). How many cigars do you or used to smoke, per week?
false||(*973=='Yes')

○ more than 3 ○ 2 to 3 ○ 1 to 2 ○ less than 1 ○ none

975(34). How many years did you smoke cigars?
false||(*973=='Yes')

○ less than 1 year ○ 1 to 5 years ○ 6 to 10 years ○ 11 to 15 years ○ 16 to 20 years ○ 21 to 30 years ○ 31 to 40 years

976(35). When did you stop smoking cigars?
false||(*973=='Yes')

○ less than 1 year ○ 1 to 5 years ○ 6 to 10 years ○ 11 to 15 years ○ 16 to 20 years ○ 21 to 30 years ○ 31 to 40 years

978(36). Have you ever smoked a pipe or chewed tobacco?
true

○ Yes ○ No

977(37). What is the number of ounces of tobacco that you used to or currently smoke in a pipe or chew, per week?
*978=='Yes'

○ none ○ less than 1/2 ounce ○ 1/2 to 1 ounce ○ 1 to 2 ounces ○ more than 2 ounces

979(39). How many years did you smoke a pipe or chew tabacco?
false||(*978=='Yes')

○ less than 1 year ○ 1 to 5 years ○ 6 to 10 years ○ 11 to 15 years ○ 16 to 20 years ○ 21 to 30 years ○ 31 to 40 years

980(40). When did you stop smoking a pipe or chewing tobacco?
false||(*978=='Yes')

○ less than 1 year ○ 1 to 5 years ○ 6 to 10 years ○ 11 to 15 years ○ 16 to 20 years ○ 21 to 30 years ○ 31 to 40 years

982(43). Have you ever used recreational or street drugs?
true

○ Yes ○ No

981(44). How many times do you or did you use recreational or street drugs in one week?
*982=='Yes'

○ more than 3 ○ 2 to 3 ○ 1 to 2 ○ less than 1 ○ none

1112(45). How long have you been using that amount of recreational drugs
false||(*981=='more than 3')||(*981=='2 to 3')||(*981=='1 to 2')||(*981=='less than 1')

○ less than 1 year ○ 1 to 5 years ○ 6 to 10 years ○ 11 to 15 years ○ 16 to 20 years ○ 21 to 30 years ○ 31 to 40 years

983(47). How many years did you use recreational or street drugs?

T0020"E9h0T60

false||(*982=='Yes')

○ less than 1 year ○ 1 to 5 years ○ 6 to 10 years ○ 11 to 15 years ○ 16 to 20 years ○ 21 to 30 years ○ 31 to 40 years

984(48). What type of drug did you mostly use or are currently using?
false||(*982=='Yes')

☐ marijuana ☐ cocaine ☐ crack cocaine ☐ heroin ☐ LSD ☐ mescaline ☐ hallucinogenic mushrooms ☐ amphetamines ☐ other

985(49). When did you stop using recreational or street drugs?
false||(*982=='Yes')

○ less than 1 year ○ 1 to 5 years ○ 6 to 10 years ○ 11 to 15 years ○ 16 to 20 years ○ 21 to 30 years ○ 31 to 40 years

987(51). What type of alcohol do you generally drink?
true

☐ beer ☐ red wine ☐ white wine ☐ liquor ☐ other ☐ I do not drink

988(52). How often do you have a drink containing alcohol?
(*987=='beer')||(*987=='red wine')||(*987=='white wine')||(*987=='liquor')||(*987=='other')

○ never ○ monthly or less ○ 2 to 4 times per month ○ 2 to 3 times per week ○ 4 or more times per week

989(53). On a typical day when you are drinking, how many drinks containing alcohol do you have?
(*987=='beer')||(*987=='red wine')||(*987=='white wine')||(*987=='liquor')||(*987=='other')

○ 1 ○ 2 to 3 ○ 4 to 5 ○ 6 to 7 ○ more than 7

990(54). How often during the last year have you needed a drink in the morning?
(*987=='beer')||(*987=='red wine')||(*987=='white wine')||(*987=='liquor')||(*987=='other')

○ never ○ less than monthly ○ monthly ○ weekly ○ almost daily

991(55). Has a friend, relative, or health care worker suggested that you cut down on your drinking?
(*987=='beer')||(*987=='red wine')||(*987=='white wine')||(*987=='liquor')||(*987=='other')

○ never ○ yes, but not in the last year ○ yes, during the last year

992(56). Have you felt guilty after drinking?
(*987=='beer')||(*987=='red wine')||(*987=='white wine')||(*987=='liquor')||(*987=='other')

○ never ○ less than monthly ○ monthly ○ weekly ○ almost daily

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback
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T0020"eshot60

Surgical History

Symptom for which you said you have undergone a medical procedure or an operation	What was the name of the medical procedure or operation?	What was the date of the medical procedure or operation?	What was the name of the hospital and city?	List any complication (s) following the procedure or operation, if any	If you recall a diagnosis you were given for the symptom, what was it?

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

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Focal Shotgun

Family History

Symptom	Family member you said has had a problem with the symptom	Was this family member ever given a diagnosis by a physician?	If Yes, what was the diagnosis?	At what age was this family member affected by the symptom?	Is this family member still living?	Did this family member die from the problem?

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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T00220 E9h0T660

Male Genitourinary System

769(11). Do you have discharge from your penis?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2391(12). How often has discharge from your penis been a problem for you in the last month?
member('Yes, in the past 6 months',*769)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1354(13). How severe is the discharge from your penis?
member('Yes, in the past 6 months',*769)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1355(14). How would you describe the discharge from your penis over the last month?
member('Yes, in the past 6 months',*769)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1521(15). Have you been seen by a health care professional or taken medication for the discharge from your penis in the past 6 months?
member('Yes, in the past 6 months',*769)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2626(16). Did you undergo a medical procedure or an operation for the discharges from your penis in the last 6 months?
member('Yes, I have seen a physician',*1521)||member('Yes, I have seen a nurse or physicians assistant',*1521)||member('Yes, I have seen a chiropractor or acupuncturist',*1521)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

771(17). What color is the discharge from your penis?
(*2391=='All Days'||*2391=='Most Days'||*2391=='Some Days')&&(*1354=='Extremely severe'||*1354=='Moderately severe')&&(*1355=='This is a new problem'||*1355=='It is getting worse'||*1355=='No change')

○ Clear ○ Yellow ○ Green ○ Bloody ○ Other

770(18). Do you also have pain while you are urinating?

T00220"eShot660

(*2391=='All Days'||*2391=='Most Days'||*2391=='Some Days')&&(*1354=='Extremely severe'||*1354=='Moderately severe')&&(*1355=='This is a new problem'||*1355=='It is getting worse'||*1355=='No change')

○ Yes ○ No

2485(19). Have you been seen by a health care professional or taken medication for the discharge from your penis in the past, but not in the last 6 months?

member('Yes, during a period, 6 months to 5 years ago',*769)||member('Yes, more than 5 years ago',*769)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2625(20). Did you undergo a medical procedure or an operation for the discharges from your penis in the past, but not in the last 6 months?

member('Yes, I have seen a physician',*2485)||member('Yes, I have seen a nurse or physicians assistant',*2485)||member('Yes, I have seen a chiropractor or acupuncturist',*2485)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4435(21). Has discharge from their penis been a problem for someone in your family in the past?

member('Yes, in the past 6 months', *769)||member('Yes, during a period, 6 months to 5 years ago', *769)||member('Yes, more than 5 years ago', *769)||member('Never', *769)

○ Yes ○ No

4436(22). Please identify who in your family has had a problem with discharge from their penis or a similar diagnosis:

*4435=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

772(23). Do you have sore(s) on your penis?

true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2392(24). How often have sore(s) on your penis been a problem for you in the last month?

member('Yes, in the past 6 months',*772)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1356(25). How severe are the sore(s) on your penis?

member('Yes, in the past 6 months',*772)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1357(26). How would you describe the sore(s) on your penis over the last month?
member('Yes, in the past 6 months',*772)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1522(27). Have you been seen by a health care professional or taken medication for the sore(s) on your penis in the past 6 months?
member('Yes, in the past 6 months',*772)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2628(28). Did you undergo a medical procedure or an operation for the sore(s) on your penis in the last 6 months?
member('Yes, I have seen a physician',*1522)||member('Yes, I have seen a nurse or physicians assistant',*1522)||member('Yes, I have seen a chiropractor or acupuncturist',*1522)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

773(29). Do the sore(s) hurt?
member(*2392,'All Days|Most Days|Some Days|Few Days')&&(*1356=='Extremely severe'||*1356=='Moderately severe')&&(*1357=='This is a new problem'||*1357=='It is getting worse'||*1357=='No change')

○ Yes ○ No

774(30). Do you use contraceptives?
member(*2392,'All Days|Most Days|Some Days|Few Days')&&(*1356=='Extremely severe'||*1356=='Moderately severe')&&(*1357=='This is a new problem'||*1357=='It is getting worse'||*1357=='No change')

○ All of the time ○ Most of the time ○ A good bit of the time ○ Some of the time ○ A little of the time ○ Never

775(31). Which form of contraceptive?
false||(*774=='All of the time')||(*774=='Most of the time')||(*774=='A good bit of the time')||(*774=='Some of the time')

○ birth control pills ○ condoms ○ diaphragm ○ Norplant ○ other

2492(33). Have you been seen by a health care professional or taken medication for the sore(s) on your penis in the past, but not in the last 6 months?
member('Yes, during a period, 6 months to 5 years ago',*772)||member('Yes, more than 5 years ago',*772)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or

acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2627(34). Did you undergo a medical procedure or an operation for the sore(s) on your penis in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2492)||member('Yes, I have seen a nurse or physicians
assistant',*2492)||member('Yes, I have seen a chiropractor or acupuncturist',*2492)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4437(35). Have sore(s) on their penis been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *772)||member('Yes, during a period, 6 months to 5 years ago', *772)
||member('Yes, more than 5 years ago', *772)||member('Never', *772)
```

○ Yes ○ No

4438(36). Please identify who in your family has had a problem with sore(s) on their penis or a similar diagnosis:

```
*4437=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

776(37). Do you have pain in your testicle(s)?

```
true
```

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2393(38). How often has the pain in your testicle(s) been a problem for you in the last month?

```
member('Yes, in the past 6 months',*776)
```

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1358(39). How severe is the pain in your testicle(s)?

```
member('Yes, in the past 6 months',*776)
```

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1359(40). How would you describe the pain in your testicle(s) over the last month?

```
member('Yes, in the past 6 months',*776)
```

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1523(41). Have you been seen by a health care professional or taken medication for the pain in your testicles in the past 6 months?

member('Yes, in the past 6 months',*776)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2630(42). Did you undergo a medical procedure or an operation for the pain in your testicle(s) in the last 6 months?

member('Yes, I have seen a physician',*1523)||member('Yes, I have seen a nurse or physicians assistant',*1523)||member('Yes, I have seen a chiropractor or acupuncturist',*1523)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

778(43). Do you notice swelling in your testicle(s)?

(*2393=='All Days'||*2393=='Most Days'||*2393=='Some Days')&&(*1358=='Extremely severe'||*1358=='Moderately severe')&&(*1359=='This is a new problem'||*1359=='It is getting worse'||*1359=='No change')

○ Yes ○ No

777(44). Did it seem to occur after trauma to that area?

(*2393=='All Days'||*2393=='Most Days'||*2393=='Some Days')&&(*1358=='Extremely severe'||*1358=='Moderately severe')&&(*1359=='This is a new problem'||*1359=='It is getting worse'||*1359=='No change')

○ Yes ○ No

2487(46). Have you been seen by a health care professional or taken medication for the pain in your testicle(s) in the past, but not in the last 6 months?

member('Yes, during a period, 6 months to 5 years ago',*776)||member('Yes, more than 5 years ago',*776)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2629(47). Did you undergo a medical procedure or an operation for the pain in your testicle(s) in the past, but not in the last 6 months?

member('Yes, I have seen a physician',*2487)||member('Yes, I have seen a nurse or physicians assistant',*2487)||member('Yes, I have seen a chiropractor or acupuncturist',*2487)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4439(48). Has pain in their testicle(s) been a problem for someone in your family in the past?

member('Yes, in the past 6 months', *776)||member('Yes, during a period, 6 months to 5 years ago', *776)||member('Yes, more than 5 years ago', *776)||member('Never', *776)

○ Yes ○ No

T00220 "ESH0T660

4440(49). Please identify who in your family has had a problem with pain in their testicle(s) or a similar diagnosis:
*4439=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

780(50). Do you have difficulty achieving or maintaining an erection?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2394(53). How often has your difficulty achieving or maintaining an erection been a problem for you in the last month?
member('Yes, in the past 6 months',*780)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1360(54). How severe is the difficulty achieving or maintaining an erection?
member('Yes, in the past 6 months',*780)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1361(55). How would you describe the difficulty achieving or maintaining an erection over the last month?
member('Yes, in the past 6 months',*780)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1524(56). Have you been seen by a health care professional or taken medication for your difficulty achieving or maintaining an erection in the past 6 months?
member('Yes, in the past 6 months',*780)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2632(57). Did you undergo a medical procedure or an operation for your difficulty achieving or maintaining erections in the last 6 months?
member('Yes, I have seen a physician',*1524)||member('Yes, I have seen a nurse or physicians assistant',*1524)||member('Yes, I have seen a chiropractor or acupuncturist',*1524)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

781(58). Does it seem to occur when you take certain medicines?

Tobacco Shots

```
(*2394=='All Days'||*2394=='Most Days'||*2394=='Some Days')&&(*1360=='Extremely
severe'||*1360=='Moderately severe')&&(*1361=='This is a new problem'||*1361=='It is getting
worse'||*1361=='No change')
```

○ Yes ○ No

782(59). Does it seem to occur when you drink alcohol?

```
(*2394=='All Days'||*2394=='Most Days'||*2394=='Some Days')&&(*1360=='Extremely
severe'||*1360=='Moderately severe')&&(*1361=='This is a new problem'||*1361=='It is getting
worse'||*1361=='No change')
```

○ Yes ○ No

783(60). Does it seem to occur when you have pain?

```
(*2394=='All Days'||*2394=='Most Days'||*2394=='Some Days')&&(*1360=='Extremely
severe'||*1360=='Moderately severe')&&(*1361=='This is a new problem'||*1361=='It is getting
worse'||*1361=='No change')
```

○ Yes ○ No

2488(63). Have you been seen by a health care professional or taken medication for your difficulty achieving or maintaining an erection in the past, but not in the last 6 months?

```
member('Yes, during a period, 6 months to 5 years ago',*780)||member('Yes, more than 5 years ago',*780)
```

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2631(64). Did you undergo a medical procedure or an operation for your difficulty achieving or maintaining erections in the past, but not in the last 6 months?

```
member('Yes, I have seen a physician',*2488)||member('Yes, I have seen a nurse or physicians
assistant',*2488)||member('Yes, I have seen a chiropractor or acupuncturist',*2488)
```

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4441(65). Has difficulty achieving or maintaining an erection been a problem for someone in your family in the past?

```
member('Yes, in the past 6 months', *780)||member('Yes, during a period, 6 months to 5 years ago', *780)
||member('Yes, more than 5 years ago', *780)||member('Never', *780)
```

○ Yes ○ No

4442(66). Please identify who in your family has had a problem with difficulty achieving or maintaining an erection or a similar diagnosis:

```
*4441=='Yes'
```

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2

☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

784(67). Do you have difficulty with urination?
true

☐ Yes, in the past 6 months ☐ Yes, during a period, 6 months to 5 years ago ☐ Yes, more than 5 years ago ☐ Never

2395(68). How often has your difficulty with urination been a problem for you in the last month?
member('Yes, in the past 6 months',*784)

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1362(69). How severe is the difficulty with urination?
member('Yes, in the past 6 months',*784)

○ Extremely severe ○ Moderately severe ○ Mildly severe ○ Minimally severe

1363(70). How would you describe the difficulty with urination over the last month?
member('Yes, in the past 6 months',*784)

○ This is a new problem ○ It is getting worse ○ No change ○ It is getting better

1525(71). Have you been seen by a health care professional or taken medication for your difficulty with urination in the past 6 months?
member('Yes, in the past 6 months',*784)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2634(72). Did you undergo a medical procedure or an operation for your difficulty with urination in the last 6 months?
member('Yes, I have seen a physician',*1525)||member('Yes, I have seen a nurse or physicians assistant',*1525)||member('Yes, I have seen a chiropractor or acupuncturist',*1525)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

785(73). How often have you had a weak urinary stream?
(*2395=='All Days'||*2395=='Most Days')&&(*1362=='Extremely severe'||*1362=='Moderately severe')&&(*1363=='This is a new problem'||*1363=='It is getting worse'||*1363=='No change')

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

786(74). How often have you found that you stopped and started again several times when urinating?
(*2395=='All Days'||*2395=='Most Days')&&(*1362=='Extremely severe'||*1362=='Moderately severe')&&

Tobacco Smoke

(*1363=='This is a new problem'||*1363=='It is getting worse'||*1363=='No change')

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

787(75). How often have you had a sensation of not emptying your bladder completely after finishing urination?

(*2395=='All Days'||*2395=='Most Days')&&(*1362=='Extremely severe'||*1362=='Moderately severe')&&
(*1363=='This is a new problem'||*1363=='It is getting worse'||*1363=='No change')

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

788(76). How often have you had to urinate again within 2 hours after urinating?

(*2395=='All Days'||*2395=='Most Days')&&(*1362=='Extremely severe'||*1362=='Moderately severe')&&
(*1363=='This is a new problem'||*1363=='It is getting worse'||*1363=='No change')

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

789(77). How often have you found it difficult to postpone urination?

(*2395=='All Days'||*2395=='Most Days')&&(*1362=='Extremely severe'||*1362=='Moderately severe')&&
(*1363=='This is a new problem'||*1363=='It is getting worse'||*1363=='No change')

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

790(78). How many times did you typically get up to urinate between going to bed and getting up in the morning?

(*2395=='All Days'||*2395=='Most Days')&&(*1362=='Extremely severe'||*1362=='Moderately severe')&&
(*1363=='This is a new problem'||*1363=='It is getting worse'||*1363=='No change')

○ 5 or more times ○ 4 times ○ 3 times ○ 2 times ○ once

2489(79). Have you been seen by a health care professional or taken medication for your difficulty with urination in the past, but not in the last 6 months?

member('Yes, during a period, 6 months to 5 years ago',*784)||member('Yes, more than 5 years ago',*784)

☐ Yes, I have seen a physician ☐ Yes, I have seen a nurse or physicians assistant ☐ Yes, I have seen a chiropractor or acupuncturist ☐ No, I have not seen a health care professional ☐ Yes, I have taken medication ☐ No, I have not taken medication

2633(80). Did you undergo a medical procedure or an operation for your difficulty with urination in the past, but not in the last 6 months?

member('Yes, I have seen a physician',*2489)||member('Yes, I have seen a nurse or physicians assistant',*2489)||member('Yes, I have seen a chiropractor or acupuncturist',*2489)

☐ Yes, I underwent a medical procedure ☐ Yes, I underwent an operation ☐ No

4443(81). Has difficulty with urination been a problem for someone in your family in the past?

member('Yes, in the past 6 months', *784)||member('Yes, during a period, 6 months to 5 years ago', *784)

||member('Yes, more than 5 years ago', *784)||member('Never', *784)

○ Yes ○ No

4444(82). Please identify who in your family has had a problem with difficulty with urination or a similar diagnosis:
*4443=='Yes'

☐ mother ☐ father ☐ sister #1 (oldest) ☐ sister #2 ☐ sister #3 ☐ sister #4 ☐ brother #1 (oldest) ☐ brother #2 ☐ brother #3 ☐ brother #4 ☐ maternal grandmother ☐ maternal grandfather ☐ paternal grandmother ☐ paternal grandfather

764(83). Do you have a history of having a testicle which was not in your scrotum at birth (undescended)?
true

○ Yes ○ No

765(84). Which testicle?
*764=='Yes'

○ right testicle ○ left testicle ○ both testicles

766(85). Did you have surgery to correct this?
*764=='Yes'

○ Yes ○ No

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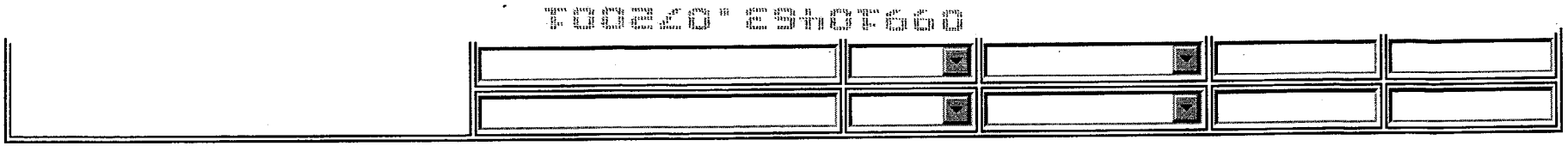
Current Medication History

Symptom for which you said you have taken medication	Medication Name	Dosage	Frequency	Start Date	End Date
change in body temperature		75mcg			
change in vision					
headache	immunex	25mcg	twice a day	6/4/01	
increase in amount of tearing					



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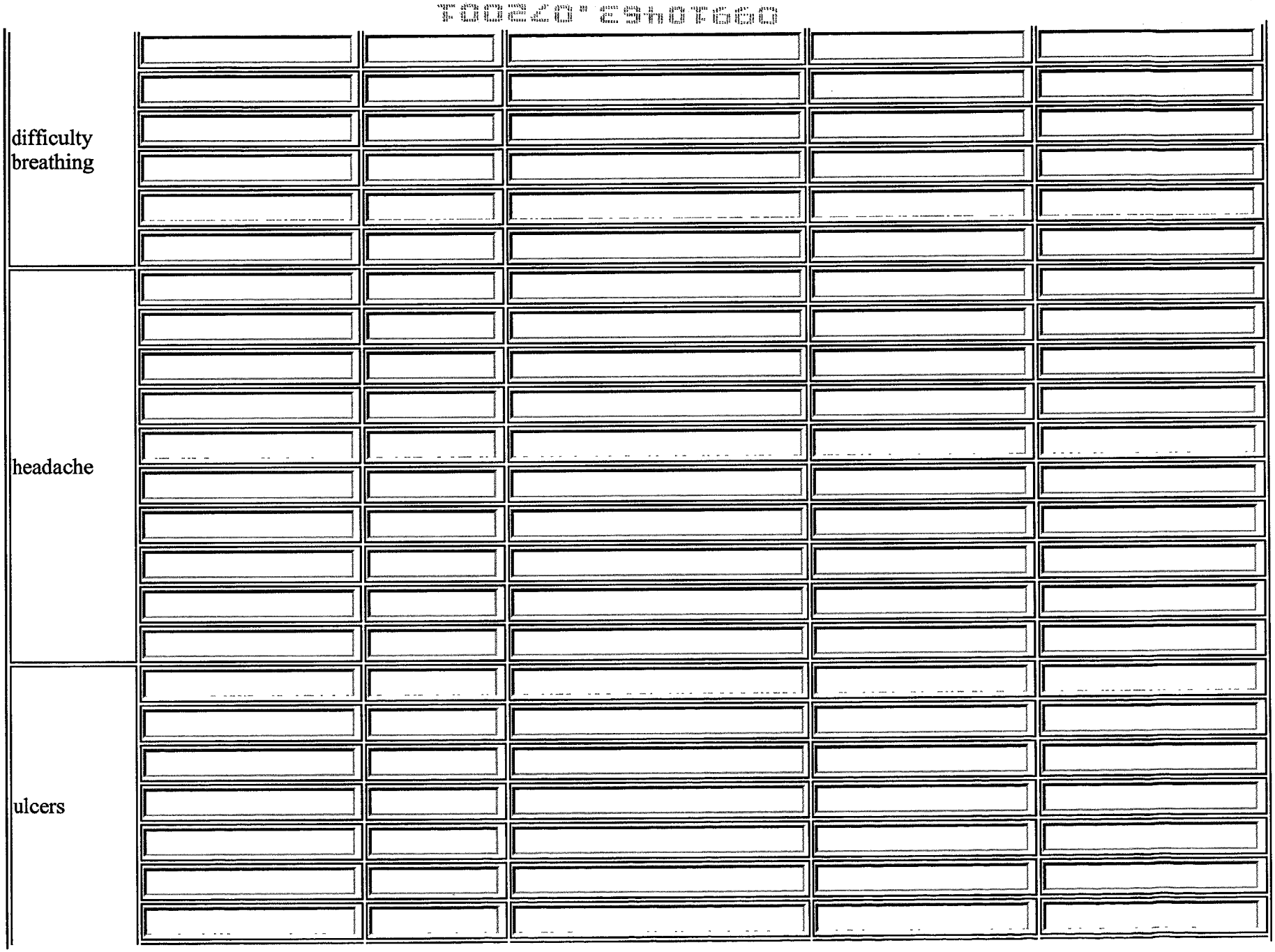
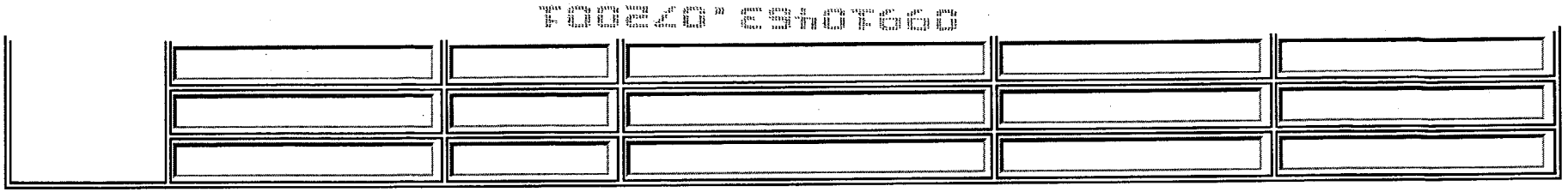
Surgical History

Symptom for which you said you have undergone a medical procedure or an operation	What was the name of the medical procedure or operation?	What was the date of the medical procedure or operation?	What was the name of the hospital and city?	List any complication(s) following the procedure or operation, if any	If you recall a diagnosis you were given for the symptom, what was it?
coughing					


difficulty breathing
headache
ulcers



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Please review the info you entered:

Question	Answer
What Year were you born?	
What is your gender?	**Male**
What is the one complaint which bothers you the most?	
When did the first symptom appear that led you to a doctor?	
How long have you been visiting a doctor to manage this problem?	
When was your last visit regarding this problem?	
As you understand it, what is your diagnosis?	
How would you describe your headaches over the last month?	**This is a new problem**
Have you been seen by a health care professional or taken medication for headaches in the past 6 months?	**Yes, I have taken medication**
Did you undergo a medical procedure or an operation for headaches in the last 6 months?	**Yes, I underwent a medical procedure**
Before you have a headache, do your eyes hurt when you look at the light?	**Yes**
Have you been seen by a health care professional or taken medication for your change in body temperature in the past 6 months?	**Yes, I have taken medication**
Have you gained weight over the last two months?	**Yes**
Do your nails break very easily?	**Yes**
How severe is your change in vision?	**Moderately severe**
Have you been seen by a health care professional or taken medication for your change in vision in the past 6 months?	**Yes, I have seen a physician|Yes, I have taken medication**
How severe is the decrease in amount of tearing?	**Moderately severe**
How would you describe the decrease in amount of tearing over the last month?	**This is a new problem**
Have you been seen by a health care professional or taken medication for your increase in amount of tearing in the past 6 months?	**Yes, I have seen a chiropractor or acupuncturist|Yes, I have taken medication**
Please identify who in your family has had a problem with an increase in amount of tearing or a similar diagnosis:	**father|maternal grandfather**
Did you undergo a medical procedure or an operation for your mouth ulcers in the last 6 months?	**Yes, I underwent an operation**
Do you get rashes that occur especially after a minor scratch?	**Yes**
Please identify who in your family has had a problem with mouth ulcers or a similar diagnosis:	**sister #1 (oldest)|paternal grandmother**

Do you have episodes of coughing?	**Yes, during a period, 6 months to 5 years ago|Yes, more than 5 years ago**
Have you been seen by a health care professional or taken medication for your coughing in the past 6 months?	**No, I have not taken medication**
Has your work involved caged birds?	**Yes**
Did you undergo a medical procedure or an operation for your coughing in the past, but not in the last 6 months?	**Yes, I underwent an operation**
Please identify who in your family has had a problem with shortness of breath or a similar diagnosis:	**sister #2|maternal grandfather**
Have you been seen by a health care professional or taken medication for your difficulty breathing in the past, but not in the last 6 months?	**Yes, I have taken medication**
Did you undergo a medical procedure or an operation for your difficulty breathing in the past, but not in the last 6 months?	**Yes, I underwent a medical procedure**
Please identify who in your family has had a problem with difficulty breathing or a similar diagnosis:	**sister #2**
Please describe the drug that caused the reaction:	
Please describe your other allergies?	
Name of medication #1 for your change in body temperature	
Dosage of medication #1 for your change in body temperature	**75mcg**
Frequency of medication #1 for your change in body temperature	
Date you started taking medication #1 for your change in body temperature	
Date you stopped taking medication #1 for your change in body temperature	
Name of medication #2 for your change in body temperature	
Dosage of medication #2 for your change in body temperature	
Frequency of medication #2 for your change in body temperature	
Date you started taking medication #2 for your change in body temperature	
Date you stopped taking medication #2 for your change in body temperature	
Name of medication #3 for your change in body temperature	
Dosage of medication #3 for your change in body temperature	
Frequency of medication #3 for your change in body temperature	
Date you started taking medication #3 for your change in body temperature	
Date you stopped taking medication #3 for your change in body temperature	
Name of medication #4 for your change in body temperature	
Dosage of medication #4 for your change in body temperature	
Frequency of medication #4 for your change in body temperature	
Date you started taking medication #4 for your change in body temperature	

Date you stopped taking medication #4 for your change in body temperature	
Name of medication #5 for your change in body temperature	
Dosage of medication #5 for your change in body temperature	
Frequency of medication #5 for your change in body temperature	
Date you started taking medication #5 for your change in body temperature	
Date you stopped taking medication #5 for your change in body temperature	
Name of medication #1 for your change in vision	
Dosage of medication #1 for your change in vision	
Frequency of medication #1 for your change in vision	
Date you started taking medication #1 for your change in vision	
Date you stopped taking medication #1 for your change in vision	
Name of medication #2 for your change in vision	
Dosage of medication #2 for your change in vision	
Frequency of medication #2 for your change in vision	
Date you started taking medication #2 for your change in vision	
Date you stopped taking medication #2 for your change in vision	
Name of medication #3 for your change in vision	
Dosage of medication #3 for your change in vision	
Frequency of medication #3 for your change in vision	
Date you started taking medication #3 for your change in vision	
Date you stopped taking medication #3 for your change in vision	
Name of medication #4 for your change in vision	
Dosage of medication #4 for your change in vision	
Frequency of medication #4 for your change in vision	
Date you started taking medication #4 for your change in vision	
Date you stopped taking medication #4 for your change in vision	
Name of medication #5 for your change in vision	
Dosage of medication #5 for your change in vision	
Frequency of medication #5 for your change in vision	
Date you started taking medication #5 for your change in vision	
Date you stopped taking medication #5 for your change in vision	
Name of medication #1 for your headache	**immunex**
Dosage of medication #1 for your headache	**25mcg**

Topical Steroid

Frequency of medication #1 for your headache	**twice a day**
Date you started taking medication #1 for your headache	**6/4/01**
Date you stopped taking medication #1 for your headache	
Name of medication #2 for your headache	
Dosage of medication #2 for your headache	
Frequency of medication #2 for your headache	
Date you started taking medication #2 for your headache	
Date you stopped taking medication #2 for your headache	
Name of medication #3 for your headache	
Dosage of medication #3 for your headache	
Frequency of medication #3 for your headache	
Date you started taking medication #3 for your headache	
Date you stopped taking medication #3 for your headache	
Name of medication #4 for your headache	
Dosage of medication #4 for your headache	
Frequency of medication #4 for your headache	
Date you started taking medication #4 for your headache	
Date you stopped taking medication #4 for your headache	
Name of medication #5 for your headache	
Dosage of medication #5 for your headache	
Frequency of medication #5 for your headache	
Date you started taking medication #5 for your headache	
Date you stopped taking medication #5 for your headache	
Name of medication #1 for the increase in amount of tearing	
Dosage of medication #1 for the increase in amount of tearing	
Frequency of medication #1 for the increase in amount of tearing	
Date you started taking medication #1 for the increase in amount of tearing	
Date you stopped taking medication #1 for the increase in amount of tearing	
Name of medication #2 for the increase in amount of tearing	
Dosage of medication #2 for the increase in amount of tearing	
Frequency of medication #2 for the increase in amount of tearing	
Date you started taking medication #2 for the increase in amount of tearing	
Date you stopped taking medication #2 for the increase in amount of tearing	

Name of medication #3 for the increase in amount of tearing
Dosage of medication #3 for the increase in amount of tearing
Frequency of medication #3 for the increase in amount of tearing
Date you started taking medication #3 for the increase in amount of tearing
Date you stopped taking medication #3 for the increase in amount of tearing
Name of medication #4 for the increase in amount of tearing
Dosage of medication #4 for the increase in amount of tearing
Frequency of medication #4 for the increase in amount of tearing
Date you started taking medication #4 for the increase in amount of tearing
Date you stopped taking medication #4 for the increase in amount of tearing
Name of medication #5 for the increase in amount of tearing
Dosage of medication #5 for the increase in amount of tearing
Frequency of medication #5 for the increase in amount of tearing
Date you started taking medication #5 for the increase in amount of tearing
Date you stopped taking medication #5 for the increase in amount of tearing
What country were you born in?
What is your first language?
What is your occupation (work)?
What was your previous job?
Where did the exposure occur?
What was the name of the medical procedure or operation #1 to treat your coughing?
What was the date of the medical procedure or operation #1 to treat your coughing?
What was the name of the hospital and city?
List any complications following the procedure or operation #1, if any
If you recall a diagnosis you were given for your coughing, what was it?
What was the name of the medical procedure or operation #2 to treat your coughing?
What was the date of the medical procedure or operation #2 to treat your coughing?
What was the name of the hospital and city?
List any complications following the procedure or operation #2, if any
If you recall a diagnosis you were given for your coughing, what was it?
What was the name of the medical procedure or operation #3 to treat your coughing?
What was the date of the medical procedure or operation #3 to treat your coughing?
What was the name of the hospital and city?

List any complications following the procedure or operation #3, if any
If you recall a diagnosis you were given for your coughing, what was it?
What was the name of the medical procedure or operation #4 to treat your coughing?
What was the date of the medical procedure or operation #4 to treat your coughing?
What was the name of the hospital and city?
List any complications following the procedure or operation #4, if any
If you recall a diagnosis you were given for your coughing, what was it?
What was the name of the medical procedure or operation #5 to treat your coughing?
What was the date of the medical procedure or operation #5 to treat your coughing?
What was the name of the hospital and city?
List any complications following the procedure or operation #5, if any
If you recall a diagnosis you were given for your coughing, what was it?
What was the name of the medical procedure or operation #6 to treat your coughing?
What was the date of the medical procedure or operation #6 to treat your coughing?
What was the name of the hospital and city?
List any complications following the procedure or operation #6, if any
If you recall a diagnosis you were given for your coughing, what was it?
What was the name of the medical procedure or operation #7 to treat your coughing?
What was the date of the medical procedure or operation #7 to treat your coughing?
What was the name of the hospital and city?
List any complications following the procedure or operation #7, if any
If you recall a diagnosis you were given for your coughing, what was it?
What was the name of the medical procedure or operation #8 to treat your coughing?
What was the date of the medical procedure or operation #8 to treat your coughing?
What was the name of the hospital and city?
List any complications following the procedure or operation #8, if any
If you recall a diagnosis you were given for your coughing, what was it?
What was the name of the medical procedure or operation #9 to treat your coughing?
What was the date of the medical procedure or operation #9 to treat your coughing?
What was the name of the hospital and city?
List any complications following the procedure or operation #9, if any
If you recall a diagnosis you were given for your coughing, what was it?
What was the name of the medical procedure or operation #10 to treat your coughing?

What was the date of the medical procedure or operation #10 to treat your coughing?
What was the name of the hospital and city?
List any complications following the procedure or operation #10, if any
If you recall a diagnosis you were given for your coughing, what was it?
What was the name of the medical procedure or operation #1 to treat the difficulty breathing?
What was the date of the medical procedure or operation #1 to treat the difficulty breathing?
What was the name of the hospital and city?
List any complications following the procedure or operation #1, if any
If you recall a diagnosis you were given for the difficulty breathing, what was it?
What was the name of the medical procedure or operation #2 to treat the difficulty breathing?
What was the date of the medical procedure or operation #2 to treat the difficulty breathing?
What was the name of the hospital and city?
List any complications following the procedure or operation #2, if any
If you recall a diagnosis you were given for the difficulty breathing, what was it?
What was the name of the medical procedure or operation #3 to treat the difficulty breathing?
What was the date of the medical procedure or operation #3 to treat the difficulty breathing?
What was the name of the hospital and city?
List any complications following the procedure or operation #3, if any
If you recall a diagnosis you were given for the difficulty breathing, what was it?
What was the name of the medical procedure or operation #4 to treat the difficulty breathing?
What was the date of the medical procedure or operation #4 to treat the difficulty breathing?
What was the name of the hospital and city?
List any complications following the procedure or operation #4, if any
If you recall a diagnosis you were given for the difficulty breathing, what was it?
What was the name of the medical procedure or operation #5 to treat the difficulty breathing?
What was the date of the medical procedure or operation #5 to treat the difficulty breathing?
What was the name of the hospital and city?
List any complications following the procedure or operation #5, if any
If you recall a diagnosis you were given for the difficulty breathing, what was it?
What was the name of the medical procedure or operation #6 to treat the difficulty breathing?
What was the date of the medical procedure or operation #6 to treat the difficulty breathing?
What was the name of the hospital and city?
List any complications following the procedure or operation #6, if any

If you recall a diagnosis you were given for the difficulty breathing, what was it?
What was the name of the medical procedure or operation #7 to treat the difficulty breathing?
What was the date of the medical procedure or operation #7 to treat the difficulty breathing?
What was the name of the hospital and city?
List any complications following the procedure or operation #7, if any
If you recall a diagnosis you were given for the difficulty breathing, what was it?
What was the name of the medical procedure or operation #8 to treat the difficulty breathing?
What was the date of the medical procedure or operation #8 to treat the difficulty breathing?
What was the name of the hospital and city?
List any complications following the procedure or operation #8, if any
If you recall a diagnosis you were given for the difficulty breathing, what was it?
What was the name of the medical procedure or operation #9 to treat the difficulty breathing?
What was the date of the medical procedure or operation #9 to treat the difficulty breathing?
What was the name of the hospital and city?
List any complications following the procedure or operation #9, if any
If you recall a diagnosis you were given for the difficulty breathing, what was it?
What was the name of the medical procedure or operation #10 to treat the difficulty breathing?
What was the date of the medical procedure or operation #10 to treat the difficulty breathing?
What was the name of the hospital and city?
List any complications following the procedure or operation #10, if any
If you recall a diagnosis you were given for the difficulty breathing, what was it?
What was the name of the medical procedure or operation #1 to treat your headache?
What was the date of the medical procedure or operation #1 to treat your headache?
What was the name of the hospital and city?
List any complications following the procedure or operation #1, if any
If you recall a diagnosis you were given for your headache, what was it?
What was the name of the medical procedure or operation #2 to treat your headache?
What was the date of the medical procedure or operation #2 to treat your headache?
What was the name of the hospital and city?
List any complications following the procedure or operation #2, if any
If you recall a diagnosis you were given for your headache, what was it?
What was the name of the medical procedure or operation #3 to treat your headache?
What was the date of the medical procedure or operation #3 to treat your headache?

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What was the name of the hospital and city?
List any complications following the procedure or operation #3, if any
If you recall a diagnosis you were given for your headache, what was it?
What was the name of the medical procedure or operation #4 to treat your headache?
What was the date of the medical procedure or operation #4 to treat your headache?
What was the name of the hospital and city?
List any complications following the procedure or operation #4, if any
If you recall a diagnosis you were given for your headache, what was it?
What was the name of the medical procedure or operation #5 to treat your headache?
What was the date of the medical procedure or operation #5 to treat your headache?
What was the name of the hospital and city?
List any complications following the procedure or operation #5, if any
If you recall a diagnosis you were given for your headache, what was it?
What was the name of the medical procedure or operation #6 to treat your headache?
What was the date of the medical procedure or operation #6 to treat your headache?
What was the name of the hospital and city?
List any complications following the procedure or operation #6, if any
If you recall a diagnosis you were given for your headache, what was it?
What was the name of the medical procedure or operation #7 to treat your headache?
What was the date of the medical procedure or operation #7 to treat your headache?
What was the name of the hospital and city?
List any complications following the procedure or operation #7, if any
If you recall a diagnosis you were given for your headache, what was it?
What was the name of the medical procedure or operation #8 to treat your headache?
What was the date of the medical procedure or operation #8 to treat your headache?
What was the name of the hospital and city?
List any complications following the procedure or operation #8, if any
If you recall a diagnosis you were given for your headache, what was it?
What was the name of the medical procedure or operation #9 to treat your headache?
What was the date of the medical procedure or operation #9 to treat your headache?
What was the name of the hospital and city?
List any complications following the procedure or operation #9, if any
If you recall a diagnosis you were given for your headache, what was it?

What was the name of the medical procedure or operation #10 to treat your headache?
What was the date of the medical procedure or operation #10 to treat your headache?
What was the name of the hospital and city?
List any complications following the procedure or operation #10, if any
If you recall a diagnosis you were given for your headache, what was it?
What was the name of the medical procedure or operation #1 to treat the ulcers?
What was the date of the medical procedure or operation #1 to treat the ulcers?
What was the name of the hospital and city?
List any complications following the procedure or operation #1, if any
If you recall a diagnosis you were given for the ulcers, what was it?
What was the name of the medical procedure or operation #2 to treat the ulcers?
What was the date of the medical procedure or operation #2 to treat the ulcers?
What was the name of the hospital and city?
List any complications following the procedure or operation #2, if any
If you recall a diagnosis you were given for the ulcers, what was it?
What was the name of the medical procedure or operation #3 to treat the ulcers?
What was the date of the medical procedure or operation #3 to treat the ulcers?
What was the name of the hospital and city?
List any complications following the procedure or operation #3, if any
If you recall a diagnosis you were given for the ulcers, what was it?
What was the name of the medical procedure or operation #4 to treat the ulcers?
What was the date of the medical procedure or operation #4 to treat the ulcers?
What was the name of the hospital and city?
List any complications following the procedure or operation #4, if any
If you recall a diagnosis you were given for the ulcers, what was it?
What was the name of the medical procedure or operation #5 to treat the ulcers?
What was the date of the medical procedure or operation #5 to treat the ulcers?
What was the name of the hospital and city?
List any complications following the procedure or operation #5, if any
If you recall a diagnosis you were given for the ulcers, what was it?
What was the name of the medical procedure or operation #6 to treat the ulcers?
What was the date of the medical procedure or operation #6 to treat the ulcers?
What was the name of the hospital and city?

List any complications following the procedure or operation #6, if any
If you recall a diagnosis you were given for the ulcers, what was it?
What was the name of the medical procedure or operation #7 to treat the ulcers?
What was the date of the medical procedure or operation #7 to treat the ulcers?
What was the name of the hospital and city?
List any complications following the procedure or operation #7, if any
If you recall a diagnosis you were given for the ulcers, what was it?
What was the name of the medical procedure or operation #8 to treat the ulcers?
What was the date of the medical procedure or operation #8 to treat the ulcers?
What was the name of the hospital and city?
List any complications following the procedure or operation #8, if any
If you recall a diagnosis you were given for the ulcers, what was it?
What was the name of the medical procedure or operation #9 to treat the ulcers?
What was the date of the medical procedure or operation #9 to treat the ulcers?
What was the name of the hospital and city?
List any complications following the procedure or operation #9, if any
If you recall a diagnosis you were given for the ulcers, what was it?
What was the name of the medical procedure or operation #10 to treat the ulcers?
What was the date of the medical procedure or operation #10 to treat the ulcers?
What was the name of the hospital and city?
List any complications following the procedure or operation #10, if any
If you recall a diagnosis you were given for the ulcers, what was it?

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Appendix II

Document ID: 0.7.2.32.2-000-000-EN

Rheumatoid Arthritis Questionnaire

Mobility Level - within the past month

21(2). How often were you able to easily wipe your mouth with a napkin?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

20(3). How often were you able to put a sweater over your head without difficulty?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

19(4). Have you needed a cane, crutches, a walker, or assistance by another to walk?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

18(5). How often were you able to lift heavy object?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1148(6). How often were you able to bend or stoop?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

17(7). How often were you able to walk several blocks or climb a few flights of stairs?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1149(9). Please check any devices or aides you ususually need each day.
true

☐ cane ☐ walker ☐ crutches ☐ wheelchair ☐ built up or special utensils ☐ built up or special chair ☐ other

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Self-Care - within the past month

1150(1). Is help available to you if you need it?
true

○ Yes ○ No

1151(2). Who generally helps you when you need it?
false||(*1150=='Yes')

○ friend ○ relative ○ health care worker ○ volunteers ○ assisted living service ○ other

29(3). How often did you need help lifting a full cup or glass to your mouth?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

27(6). How often did you need help getting in or out of bed?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

26(7). How often did you need help using the toilet?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

25(8). How often did you need help writing with a pen or pencil?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

24(9). How often did you need help taking a shower or bath?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

23(10). How often did you need help getting dressed, such as buttoning a shirt?

true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

71(11). Do you have access to kitchen facilities?
true

○ Yes ○ No

28(12). How often did you need help preparing your own meals?
false||(*71=='Yes')

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

73(13). Do you have access to transportation?
true

○ Yes ○ No

33(14). How often did you need help going shopping for groceries?
false||(*73=='Yes')

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

72(15). Do you have access to laundry facilities?
true

○ Yes ○ No

32(16). How often did you need help doing your own laundry?
false||(*72=='Yes')

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

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Work - with the past month

34(1). How often did you have to work a shorter day, on the days that you did work because of your arthritis?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

36(3). How often were you unable to do your work as accurately as you would like because of your arthritis?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

75(5). How often were you unable to do any work (including paid, volunteer, housework, schoolwork) because of your arthritis?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

76(6). Are you not working (including paid, volunteer, schoolwork) because of your arthritis?
true

○ Yes ○ No

77(7). If your rheumatoid arthritis was 50% better, would you return to "work?"
*76=='Yes'

○ Yes ○ No

78(8). Why you would not return to work?
(*77=='No')

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Social Activity/Support- within the past month

38(1). How often did you have friends or relatives over to your home?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

39(2). How often did you visit friends or relatives at their homes?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

40(3). How often did you go to a meeting of a church, club ,team or other group?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

41(4). Did you feel that your family or friends would be available if you needed help?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

43(5). Did you feel that your family understood the effects of your arthritis?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback
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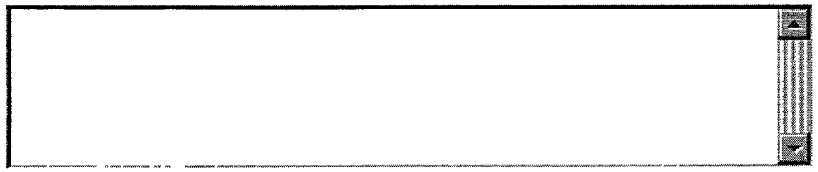
Arthritis Severity - within the past month

45(1). Diagram of whole body with magnified view hands, wrists, feet and ankles
true



47(2). Does any joint cause you pain?
true

○ Yes ○ No

79(3). Is the pain constant?(1)
false||(*47=='Yes')

○ Yes ○ No

81(4). Does the pain come and go?
*79=='No'

○ Yes ○ No

82(5). Does this pain cause you to take medication?
false||(*47=='Yes')

○ Yes ○ No

84(8). Does this pain affect your quality of life?
false||(*47=='Yes')

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

50(16). Does any joint have swelling?
true

○ Yes ○ No

91(17). Is the swelling constant?
false||(*50=='Yes')

○ Yes ○ No

92(18). Does the swelling come and go?
(*91=='No')

○ Yes ○ No

93(19). Does the swelling cause you to take medication?
false||(*50=='Yes')

○ Yes ○ No

95(21). Does the swelling affect your quality of life?
false||(*50=='Yes')

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

80(25). Is there deformity of any joint?
true

○ Yes ○ No

1152(26). Is there morning stiffness?
true

○ Yes ○ No

1153(27). For how many minutes do you have morning stiffness?
false||(*1152=='Yes')

○ less than 20 ○ 20 to 60 minutes ○ 61minutes to 2 hours ○ more than 2 hours

1158(28). ARTHRITIS PAIN
true

53(29). How often did you have pain in two or more joints at same time?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

52(30). How often did you have severe pain from your arthritis?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1154(31). When in the day is the pain most severe?
`false||(*52=='All Days')||(*52=='Most Days')||(*52=='Some Days')||(*52=='Few Days')`

○ morining ○ afternoon ○ evening ○ while sleeping

1155(32). How often do you have severe stiffness from your arthritis?
`true`

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1156(33). When in the day is the stiffness most severe?
`false||(*1155=='All Days')||(*1155=='Most Days')||(*1155=='Some Days')||(*1155=='Few Days')`

○ morining ○ afternoon ○ evening ○ while sleeping

1157(34). How often do you have severe stiffness in two or more joints at the same time?
`true`

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

54(35). How often do you wake up with stiffness that takes more than one hour for you to feel as good as you can for the day?
`false||(*1152=='Yes')`

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

55(36). How often does your pain make it difficult for you to sleep?
`false||(*53=='All Days')||(*53=='Most Days')||(*53=='Some Days')||(*53=='Few Days')`

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

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Medications

56(1). How often have you had to take medication for your arthritis?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

57(2). Have you taken any medicine in the past 6 months?
true

○ drug name ○ drug dosage ○ length of time taking it ○ any reaction

58(3). Did the medication make your arthritis better?
true

○ quite a bit ○ some ○ very little ○ not at all

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Feedback

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SURR-01 CTM
NANOBAR CODES
July 19, 2001

TAB	DATE	DESCRIPTION
1.	06/30/00	Application for Registration of Trade Mark in The Netherlands
2.	10/14/00	Filing Receipt for US Application
3.	02/20/01	Power of Attorney and Deed of Assignment
4.	03/28/01	Search Report
5.	04/10/01	Notification from OHIM of Opposition (stamped 04/25/01)
6.	04/27/01	Notification of Publication of Trade Mark, Bulletin No. 042/2001 of 14/05/2001, page 480
7.		

PATENT - Serial No. 09/923,626

Arthritis History

59(1). Did you or a blood relative have any of the following?
true

60(2). Rheumatoid arthritis
true

61(3). osteoarthritis
true

62(4). gout
true

64(5). lupus or SLE
true

65(6). ankylosing spondylitis
true

66(7). childhood arthritis
true

67(8). arthritis unknown type
true

69(13). osteoporosis
true

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Feedback
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F0020201 E9A07669

Please review the info you entered:

Question	Answer
Why you would not return to work?	
Diagram of whole body with magnified view hands, wrists, feet and ankles	
ARTHRITIS PAIN	

Submit

Feedback

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SRM-0000-0000

Asthma Questionnaire

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Asthma Symptoms

1168(1). Are you having an episode of worsening asthma right now?
true

○ Yes ○ No

1169(2). Over the last two weeks, how often has your asthma been a problem during the day?
true

○ Everyday ○ most, not all days ○ occasionally(<4 days) ○ No days

1170(3). Over the last two weeks, how often has your asthma awakened you at night?
true

○ Everynight ○ most, not all nights ○ occasionnaly (<4 nights) ○ no nights

1171(4). How many times in the last two years have you gone to your doctor's office for urgent treatment of your asthma?
true

○ >15 ○ 10 to 15 ○ 5 to 10 ○ <5 ○ None

1172(5). How many times in the last two years have you gone to the ER for treatment of your asthma?
true

○ >15 ○ 10 to 15 ○ 5 to 10 ○ <5 ○ None

1173(6). Have you ever been admitted overnight to a hospital for your asthma?
true

○ Yes ○ No

1174(7). Have you ever been admitted to theintensive care unit for your asthm?
true

○ Yes ○ No

1175(8). Have you had a tube inserted into your throat or been placed on a mechanical respirator to help you breath because of your asthma?
true

○ Yes ○ No

1177(9). When do you experience the most shortness of breath?
true

○ in the morning ○ during exercise ○ after exercise ○ while relaxing ○ while sleeping ○ other ○ never

1178(10). When do you experience the most chest tightness?
true

○ in the morning ○ during exercise ○ after exercise ○ while relaxing ○ while sleeping ○ other ○ never

1179(11). When do you experience the most coughing?
true

○ in the morning ○ during exercise ○ after exercise ○ while relaxing ○ while sleeping ○ other ○ never

1180(12). When do you experience the most wheezing?
true

○ in the morning ○ during exercise ○ after exercise ○ while relaxing ○ while sleeping ○ other ○ never

1181(13). When do you produce the most phlegm?
true

○ most days over 3 months in a row ○ in the morning ○ only when my asthma is severe ○ at night ○ over ○ never

1182(14). Do you use a peak flow meter?
true

○ Yes ○ No

1183(15). What is your average morning peak flow (before using inhaler)?
true

1184(16). What is your average evening peak flow (before using inhaler)?
true

1184(17). What is your average evening peak flow (before using inhaler)?
true

1185(18). What is the range when you aren't having any problems with asthma?
true

1186(19). What is the range when you are having a productive cough with sputum?
true

1187(20). What is the percent improvement in the range just after using broncholdilators?
true

1188(21). How long does the effect of inhaled brancholdilators last (in minutes)?
true

1189(22). Are there patterns of improvement in any measurements above?
true

○ Yes ○ No

1190(23). Are there patterns of worsening in any measurements above?
true

○ Yes ○ No

1191(24). How would you describe your asthma in general terms?
true

○ **Yes** ○ **No**

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Factors that trigger asthma

1205(1). Does anyone in your family have a history of skin conditions such as eczema or urticaria?
true

○ Yes ○ No

1208(2). Do you have a history of skin conditions such as eczema or urticaria?
true

○ Yes ○ No

1206(3). Do you have multiple epidsodes of watery or itchy eyes?
true

○ Yes ○ No

1207(4). Does anyone in your family have multiple episodes of watery or itchy eyes?
true

○ Yes ○ No

1209(5). Do you notice that your asthma gets worse when you are near some animals?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1210(6). Which animals seem to make your asthma worse?
true

○ cats ○ dogs ○ rabbits ○ horses ○ other

1211(7). Is your asthma worse during certain seasons?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1212(8). During which season is your asthma most severe?
true

○ winter ○ spring ○ summer ○ fall ○ in between seasons ○ other

1213(9). Does your asthma get worse during exercise?
true

○ Yes ○ No

1214(10). Does your asthma get worse after you exercise?
true

○ Yes ○ No

1215(11). Does cold air make your asthma worse?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1216(12). Does your asthma get better when you are not at work?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1217(13). Do any medicines trigger an asthma attack?
true

1218(14). Which medicine triggers an asthma attack?
true

1219(15). Do you usually get worsening symptoms after a cold?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1220(16). When you have a cold, do you have an increase in amount of coughing?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1221(17). When you have a coold, do you produce more sputum?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1222(18). Does emotional stress seem to make your asthma worse?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1223(19). Do you smoke cigarettes?
true

○ >1 pack/day ○ 2 to 5 packs/week ○ 1 pack or less/week ○ 1 to 3 packs/month ○ none

1224(20). Does smoking make your asthma worse?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1225(21). Does second-hand smoke make your asthma worse?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1226(22). Do you smoke cigars?
true

○ >1 cigar/day ○ 2 to 5 cigars/week ○ 1 cigar or less/week ○ 1 to 3 cigars/month ○ none

1227(23). Does emotional stress seem to make your asthma worse?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

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Feedback

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Quality of Life

1200(2). How often does asthma disrupt your school work, paid work or volunteer work?
true

○ 1 to 5 times/day ○ 1 to 5 times/week ○ 1 to 5 times/month ○ <5 times/year ○ never

1201(3). How many times have you missed school, paid work, or volunteer work because of your asthma
true

○ 1 to 5 times/day ○ 1 to 5 times/week ○ 1 to 5 times/month ○ <5 times/year ○ never

1202(4). How often does asthma disrupt your sleep?
true

○ every night ○ 1 to 5 times/week ○ 1 to 5 times/month ○ <5 times/year ○ never

1203(5). How often does asthma interfere with vigorous play or sports?
true

○ once a day ○ 1 to 5 times/week ○ 1 to 5 times/month ○ < 5 times/year ○ never

1204(6). How often does asthm disrupt a routine activity?
true

○ 1 to 5 times/day ○ 1 to 5 times/week ○ 1 to 5 times/month ○ <5 times/year ○ never

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Feedback

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Emotional Well Being (Asthma Questionnaire)

1192(1). In the past month, have you been bothered by nervousness?
true

○ extremely often ○ quite often ○ some ○ very rarely ○ not at all

1193(2). How satisfied have you been with your personal life in the past month?
true

○ extremely happy ○ very happy ○ satisfied ○ dissatisfied ○ very unhappy

1194(3). Have you been under stress in the last month?
true

○ more than I could stand ○ quite a bit ○ more than usual ○ normal amount ○ a little

1195(4). Did you feel high strund during the past month?
true

○ All of the time ○ Most of the time ○ A good bit of the time ○ Some of the time ○ A little of the time ○ Never

1196(5). Have you been in firm control of your behavior, thought, or feelings in the past month?
true

○ All of the time ○ Most of the time ○ A good bit of the time ○ Some of the time ○ A little of the time ○ Never

1197(6). Did you feel depressed during the past month?
true

○ to the point of not caring about anything ○ very depressed almost every day ○ quite depressed several times ○ a little depressed now and then ○ never depressed

1198(7). Have you felt exhausted in the past month?
true

○ All of the time ○ Most of the time ○ A good bit of the time ○ Some of the time ○ A little of the time ○ Never

Toolbar Enabled

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

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Asthmatic Attacks

1247(1). What usually precipitates an asthmatic attack?
true

☐ head cold ☐ chest cold ☐ exercise ☐ other ☐ allergens

1248(2). What allergen do you think triggers an asthmatic attack?
true

1249(3). Do you take prednisone for asthmatic attacks?
true

○ Yes ○ No

1250(4). How much prednisone (in mg) do you generally take for an asthmatic attack?
true

1251(5). How long after you develop symptoms do you generally wait before coming to see your doctor or go the ER when you are having an asthmatic attack?
true

1252(6). Do you take prednisone in oral or inhaler form on a regular basis?
true

○ Yes ○ No

1253(7). What dose do you take?
true

1254(8). How many times a day do you take the prednisone?
true

1255(9). Have you noticed any trend of increased requirement for any of your asthma medications?
true

☐ **for asthma maintenance** ☐ **for asthma management** ☐ **for both** ☐ **other**

1256(10). Have you noticed any decreased requirement for any of your asthma medications?
true

☐ **for asthma maintenance** ☐ **for asthma management** ☐ **for both** ☐ **other**

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Feedback

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Allergy Symptoms

1228(1). Do you have any allergies?
true

○ Yes ○ No

1229(2). What are you allergic to?
true

☐ pollen ☐ ragweed ☐ grasses ☐ dust mites ☐ molds ☐ animal dander ☐ other

1230(3). Have you had a scratch "skin" test?
true

○ Yes ○ No

1232(4). Were you allergic to anything from the skin test?
true

○ Yes ○ No

1233(5). What were you allergic to?
true

1231(6). Do you get summer colds that last for 1 to 2 weeks?
true

○ Yes ○ No

1234(7). Are your allergies worse on warm, dry and breezy days?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1235(8). Are your allergies better on chilly and wet days?

true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1236(9). What do you experience when your allergy is active?

true

☐ strongly agree ☐ mostly agree ☐ do not know ☐ mostly disagree ☐ strongly disagree

1237(10). Do you get sinus infections?

true

○ >2 times/month ○ <=once/month ○ 2 to 10times/year ○ <2times/year ○ never

1238(11). Do you get middle ear infections?

true

○ >2 times/month ○ <=once/month ○ 2 to 10times/year ○ <2times/year ○ never

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Feedback

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Factors that trigger Allergies

1239(1). Is your allergy better after changing air filters at home or work?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1240(2). Is your allergy better after cleaning the carpets at home or work?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1241(3). Is your allergy better if you avoid certain irritants?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

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Feedback

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Medication for Asthma and Allergies

1242(1). Do medicines improve your allergy symptoms?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1243(2). Please list which medicines you take for your allergies?
true

1244(3). Do medicines improve your asthma symptoms?
true

○ strongly agree ○ mostly agree ○ do not know ○ mostly disagree ○ strongly disagree

1245(4). Please list which medicines you take for your asthma?
true

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Feedback

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Health Care Access

1246(1). What is your regular source of health care?
true

○ **Asthma Clinic** ○ **Allergy Clinic** ○ **Privat Clinic or Doctors Office** ○ **An Emergency Room** ○ **Other** ○ **I do not go to any one place in particular**

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Feedback

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Topaz.gif Shotgun

Please review the info you entered:

Question	Answer
What is your average morning peak flow (before using inhaler)?	
What is the range when you aren't having any problems with asthma?	
What is the range when you are having a productive cough with sputum?	
What is the percent improvement in the range just after using broncholdilators?	
How long does the effect of inhaled brancholdilators last (in minutes)?	
Do any medicines trigger an asthma attack?	
What allergen do you think triggers an asthmatic attack?	
How much prednisone (in mg) do you generally take for an asthmatic attack?	
How long after you develop symptoms do you generally wait before coming to see your doctor or go the ER when you are having an asthmatic attack?	
What dose do you take?	
How many times a day do you take the prednisone?	
Please list which medicines you take for your allergies?	
Please list which medicines you take for your asthma?	

Submit

Feedback

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Page 26 of 26

Amyotrophic Lateral Sclerosis (ALS) Questionnaire

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Speech

1589(1). Do you have any difficulty speaking?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1590(2). Do you speak at a normal volume and speed?
*1589=='All Days'||*1589=='Most Days'||*1589=='Some Days'

○ Yes ○ No

1591(3). Do others notice that your speech has changed?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1592(4). Is your speech affected mostly by stress and fatigue?
*1591=='All Days'||*1591=='Most Days'||*1591=='Some Days'

○ Yes ○ No

1593(5). Is your rate of speech normal?
*1591=='All Days'||*1591=='Most Days'||*1591=='Some Days'

○ Yes ○ No

1594(6). Is your speech constantly impaired?
*1591=='All Days'||*1591=='Most Days'||*1591=='Some Days'

○ Yes ○ No

1595(7). Is the rate and articulation of your speech affected?
*1591=='All Days'||*1591=='Most Days'||*1591=='Some Days'

○ Yes ○ No

1596(8). Is your speech easily understood by others?
*1591=='All Days'||*1591=='Most Days'||*1591=='Some Days'

○ Yes ○ No

1597(9). Do you notice that you repeat messages?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1598(10). Is the rate of your speech slow?
*1597=='All Days'||*1597=='Most Days'||*1597=='Some Days'

○ Yes ○ No

1599(11). Do you limit the complexity of the message to make it easier to communicate?
*1597=='All Days'||*1597=='Most Days'||*1597=='Some Days'

○ Yes ○ No

1600(12). Do you limit the length of the message to make it easier to communicate?
*1597=='All Days'||*1597=='Most Days'||*1597=='Some Days'

○ Yes ○ No

1601(13). Is a translator ever needed to clarify what you are trying to say?
*1597=='All Days'||*1597=='Most Days'||*1597=='Some Days'

○ Yes ○ No

1602(14). Do you communicate without words?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1603(15). Do you generally use speech to respond to questions?
*1602=='All Days'||*1602=='Most Days'||*1602=='Some Days'

○ Yes ○ No

1604(16). Do you usually need to clarify what you are attempting to communicate via written words or a spokesperson?
*1602=='All Days'||*1602=='Most Days'||*1602=='Some Days'

○ Yes ○ No

1605(17). Do you mostly verbalize one word responses in addition to yes/no responses?
*1602=='All Days'||*1602=='Most Days'||*1602=='Some Days'

○ Yes ○ No

1606(18). Do you vocalize to show emotions only?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1607(19). Is it painful for you to vocalize?
*1606=='All Days'||*1606=='Most Days'||*1606=='Some Days'

○ Yes ○ No

1608(20). Do you rarely attempt to vocalize?
*1606=='All Days'||*1606=='Most Days'||*1606=='Some Days'

○ Yes ○ No

1609(21). Do you have a tracheostomy?
*1606=='All Days'||*1606=='Most Days'||*1606=='Some Days'

○ Yes ○ No

1610(22). Do you have difficulty breathing?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1611(23). Do you generally have shortness of breath with minimal exertion such as walking or talking?
*1610=='All Days'||*1610=='Most Days'||*1610=='Some Days'

○ Yes ○ No

1612(24). Do you have shortness of breath at rest?
*1610=='All Days'||*1610=='Most Days'||*1610=='Some Days'

○ Yes ○ No

1613(25). Do you need assistance with a ventilator intermittently ie. at night?
*1610=='All Days'||*1610=='Most Days'||*1610=='Some Days'

○ Yes ○ No

1614(26). Are you dependent on a ventilator?
*1610=='All Days'||*1610=='Most Days'||*1610=='Some Days'

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Swallowing

1615(1). Do you have any difficulty chewing or swallowing food?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1616(2). Does food tend to get stuck in your throat?
*1615=='All Days'||*1615=='Most Days'||*1615=='Some Days'

○ Yes ○ No

1617(3). Do you notice that food gets stuck in the recesses of your mouth?
*1615=='All Days'||*1615=='Most Days'||*1615=='Some Days'

○ Yes ○ No

1618(4). Do you have occasional episodes of choking?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1619(5). Do you generally eat a regular diet?
*1618=='All Days'||*1618=='Most Days'||*1618=='Some Days'

○ Yes ○ No

1620(6). Does it take you longer to eat than it used to?
*1618=='All Days'||*1618=='Most Days'||*1618=='Some Days'

○ Yes ○ No

1621(7). Do you need to have smaller bite sizes?
*1618=='All Days'||*1618=='Most Days'||*1618=='Some Days'

○ Yes ○ No

1622(8). Do you need to concentrate when swallowing thin liquids?
*1618=='All Days'||*1618=='Most Days'||*1618=='Some Days'

○ Yes ○ No

1623(9). Has the consistency of your diet changed?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1624(10). Is your diet limited to soft food?
*1623=='All Days'||*1623=='Most Days'||*1623=='Some Days'

○ Yes ○ No

1625(11). Is your diet limited to liquid?
*1623=='All Days'||*1623=='Most Days'||*1623=='Some Days'

○ Yes ○ No

1626(12). Do you sometimes force yourself to eat?
*1623=='All Days'||*1623=='Most Days'||*1623=='Some Days'

○ Yes ○ No

1627(13). Do you need tube feedings for nutrition?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1628(14). Are tube feedings needed to supplement your oral intake by less than 50%?
*1627=='All Days'||*1627=='Most Days'||*1627=='Some Days'

○ Yes ○ No

1629(15). Are tube feedings needed to supplement your oral intake by more than 50%?
*1627=='All Days'||*1627=='Most Days'||*1627=='Some Days'

○ Yes ○ No

1630(16). Have you stopped eating all food by mouth?
*1627=='All Days'||*1627=='Most Days'||*1627=='Some Days'

○ Yes ○ No

1631(17). Do you have changes in salivation?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1632(18). Are your secretions and medications managed with an aspirator?
*1631=='All Days'||*1631=='Most Days'||*1631=='Some Days'

○ Yes ○ No

1633(19). Do you rarely swallow?
*1631=='All Days'||*1631=='Most Days'||*1631=='Some Days'

○ Yes ○ No

1634(20). Do you have an increase in the amount of saliva in your mouth?
*1631=='All Days'||*1631=='Most Days'||*1631=='Some Days'

○ Yes ○ No

1647(21). How would you describe this increase?
*1634=='Yes'

○ Slight Excess ○ Moderate Excess ○ Marked Excess

1648(22). Is drooling a problem for you?
*1631=='All Days'||*1631=='Most Days'||*1631=='Some Days'

○ Yes ○ No

1649(23). How would you describe your drooling?
*1648=='Yes'

○ Minimal Drooling ○ Moderate Drooling ○ Marked Drooling

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Lower Extremity Function

1636(1). Do you have weakness or fatigue in your leg(s) while walking?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1637(2). Which leg(s) are weak?
*1636=='All Days'||*1636=='Most Days'||*1636=='Some Days'||*1636=='Few Days'

○ right leg ○ left leg ○ both legs

1638(3). Do you suspect that you have weakness while walking?
*1636=='All Days'||*1636=='Most Days'||*1636=='Some Days'||*1636=='Few Days'

○ Yes ○ No

1639(4). Which leg(s) are weak while walking?
*1638=='Yes'

○ right leg ○ left leg ○ both legs

1640(5). Do you have difficulty walking on uneven terrain, ie. carpet?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1641(6). Do you have difficulty walking long distances?
*1640=='All Days'||*1640=='Most Days'||*1640=='Some Days'

○ Yes ○ No

1642(7). Do you have difficulty climbing stairs?
*1640=='All Days'||*1640=='Most Days'||*1640=='Some Days'

○ Yes ○ No

1643(8). Have you noticed that you have a change in gait?
*1640=='All Days'||*1640=='Most Days'||*1640=='Some Days'

○ Yes ○ No

1644(9). Do you need to pull yourself on the railings when climbing up stairs?
*1640=='All Days'||*1640=='Most Days'||*1640=='Some Days'

○ Yes ○ No

1645(10). Do you need to use a leg brace when walking?
*1640=='All Days'||*1640=='Most Days'||*1640=='Some Days'

○ Yes ○ No

1646(11). Do you need assistance from either a mechanical device or an attendant to walk?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1650(12). Do you use a cane to help you walk?
*1646=='All Days'||*1646=='Most Days'||*1646=='Some Days'

○ Yes ○ No

1651(13). Do you use a walker?
*1646=='All Days'||*1646=='Most Days'||*1646=='Some Days'

○ Yes ○ No

1652(14). Do you use a wheelchair when you are away from home?
*1646=='All Days'||*1646=='Most Days'||*1646=='Some Days'

○ Yes ○ No

1653(15). Do you only walk if an attendant is available to help you?
*1646=='All Days'||*1646=='Most Days'||*1646=='Some Days'

○ Yes ○ No

1654(16). Do you limit your walking to less than 50 feet?
*1646=='All Days'||*1646=='Most Days'||*1646=='Some Days'

○ Yes ○ No

1655(17). Are you only able to support your own weight?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1656(18). Are you only able to shuffle a few steps with the help of an attendant?
*1655=='All Days'||*1655=='Most Days'||*1655=='Some Days'

○ Yes ○ No

1657(19). Are you unable to take a few steps?
*1655=='All Days'||*1655=='Most Days'||*1655=='Some Days'

○ Yes ○ No

1658(20). Can you position your legs to assist an attendant in transfers?
*1655=='All Days'||*1655=='Most Days'||*1655=='Some Days'

○ Yes ○ No

1659(21). Are you able to move your legs to maintain mobility in bed?
*1655=='All Days'||*1655=='Most Days'||*1655=='Some Days'

○ Yes ○ No

1660(22). Do you have minimal or no purposeful leg movement?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1661(23). Are you unable to reposition your legs without assistance?
*1660=='All Days'||*1660=='Most Days'||*1660=='Some Days'

○ Yes ○ No

1662(25). Are you unable to move your leg(s)?
*1660=='All Days'||*1660=='Most Days'||*1660=='Some Days'

○ Yes ○ No

1663(28). In which leg(s) are you unable to move?
*1662=='Yes'

○ right leg ○ left leg ○ both legs

1667(29). Do you have muscle atrophy or "wasting" of your leg(s)?
*1660=='All Days'||*1660=='Most Days'||*1660=='Some Days'

○ Yes ○ No

1668(31). In which leg(s)?
*1667=='Yes'

○ right leg ○ left leg ○ both legs

1664(32). Do you have difficulty turning in bed and adjusting the sheets?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

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1665(33). Are you somewhat slow and clumsy turning in bed but can do so without assistance?
*1664=='All Days'||*1664=='Most Days'||*1664=='Some Days'

○ Yes ○ No

1666(34). Are you able to initiate turning but need assistance?
*1664=='All Days'||*1664=='Most Days'||*1664=='Some Days'

○ Yes ○ No

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Upper Extremities

1669(1). Do you have any weakness in your arms?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1696(3). In which arm(s) do you feel weak?
*1669=='All Days'||*1669=='Most Days'||*1669=='Some Days'||*1669=='Few Days'

○ right arm ○ left arm ○ both arms

1671(4). Do you suspect that you have weakness in your arm(s) with exertion?
*1669=='All Days'||*1669=='Most Days'||*1669=='Some Days'||*1669=='Few Days'

○ Yes ○ No

1670(6). Which arm(s) are weak?
*1671=='Yes'

○ right arm ○ left arm ○ both arms

1672(7). Do you have difficulty getting dressed and clean but can complete it alone?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1673(8). Does it take you almost twice as long to get dressed and clean as it used to?
*1672=='All Days'||*1672=='Most Days'||*1672=='Some Days'

○ Yes ○ No

1674(9). Do you need to take rests while getting dressed or clean?
*1672=='All Days'||*1672=='Most Days'||*1672=='Some Days'

○ Yes ○ No

1675(10). Do you need assistance sometimes while getting dressed or clean?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1676(11). Are you mostly independent for self-care but need to avoid some tasks?
*1675=='All Days'||*1675=='Most Days'||*1675=='Some Days'

○ Yes ○ No

1677(12). Do you need assistance for fine motor tasks such as buttons or ties?
*1675=='All Days'||*1675=='Most Days'||*1675=='Some Days'

○ Yes ○ No

1678(13). Do you routinely need assistance for almost all tasks?
*1675=='All Days'||*1675=='Most Days'||*1675=='Some Days'

○ Yes ○ No

1679(14). Do you have minimal or almost no purposeful movement of your arm(s)?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1680(15). Are you unable to reposition your arms without assistance?
*1679=='All Days'||*1679=='Most Days'||*1679=='Some Days'

○ Yes ○ No

1681(16). Are you unable to move your arm(s)?
*1679=='All Days'||*1679=='Most Days'||*1679=='Some Days'

○ Yes ○ No

1682(17). Which arm(s) are you unable to move?
*1681=='Yes'

○ right arm ○ left arm ○ both arms

1683(18). Do you have muscle atrophy or "wasting" of your arm(s)?
*1679=='All Days'||*1679=='Most Days'||*1679=='Some Days'

○ Yes ○ No

1684(19). Which arm(s)?
*1683=='Yes'

○ right arm ○ left arm ○ both arms

1685(20). Do you have difficulty with handwriting?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1686(21). Does it take you longer to write than it used to but it is still legible?
*1685=='All Days'||*1685=='Most Days'||*1685=='Some Days'

○ Yes ○ No

1687(22). Are some of the words difficult to read?
*1685=='All Days'||*1685=='Most Days'||*1685=='Some Days'

○ Yes ○ No

1688(23). Are you able to grip a pencil but unable to write?
*1685=='All Days'||*1685=='Most Days'||*1685=='Some Days'

○ Yes ○ No

1689(24). Are you unable to grip a pencil?
*1685=='All Days'||*1685=='Most Days'||*1685=='Some Days'

○ Yes ○ No

1690(25). Do you have difficulty cutting food and using utensils?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1691(26). Does it take you longer to cut food and use utensils but you are still able without assistance?
*1690=='All Days'||*1690=='Most Days'||*1690=='Some Days'

○ Yes ○ No

1692(27). Can you cut most food but need some assistance?
*1690=='All Days'||*1690=='Most Days'||*1690=='Some Days'

○ Yes ○ No

1693(28). Does all of your food need to be cut for you but you can still feed yourself slowly?
*1690=='All Days'||*1690=='Most Days'||*1690=='Some Days'

○ Yes ○ No

1694(29). Do you need to be fed by someone else?
*1690=='All Days'||*1690=='Most Days'||*1690=='Some Days'

○ Yes ○ No

1695(30). Do you have a gastrostomy?
*1690=='All Days'||*1690=='Most Days'||*1690=='Some Days'

○ Yes ○ No

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Osteoarthritis Questionnaire

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OSTEOARTHRITIS QUESTIONNAIRE

Symptoms (in the last month)

1709(2). Do you ever have any pain, stiffness or discomfort in your right hip?
true

○ Yes ○ No

1710(3). How much pain do you have in your right hip when you are walking on a flat surface?
*1709=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1711(4). How much pain do you have in your right hip when you are going up or down stairs?
*1709=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1712(5). How much pain do you have in your right hip when you are laying down?
*1709=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1713(6). How much pain do you have in your right hip when you are standing upright?
*1709=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1714(7). How much stiffness do you have in your right hip when you wake up?
*1709=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1715(8). How much stiffness do you have in your right hip later in the day?
*1709=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1716(10). Do you ever have any pain, stiffness or discomfort in your left hip?
true

○ Yes ○ No

1717(11). How much pain do you have in your left hip when you are walking on a flat surface?
*1716=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1718(12). How much pain do you have in your left hip when you are going up or down stairs?
*1716=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1719(13). How much pain do you have in your left hip when you are laying down?
*1716=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1720(15). How much pain do you have in your left hip when you are standing upright?
*1716=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1721(16). How much stiffness do you have in your left hip when you wake up?
*1716=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1722(17). How much stiffness do you have in your left hip later in the day?
*1716=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1723(18). Do you ever have any pain, stiffness or discomfort in your right knee?
true

○ Yes ○ No

1724(19). How much pain do you have in your right knee when you are walking on a flat surface?
*1723=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1725(20). How much pain do you have in your right knee when you are going up or down stairs?
*1723=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1726(21). How much pain do you have in your right knee when you are laying down?
*1723=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1727(22). How much pain do you have in your right knee when you are standing upright?
*1723=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1728(23). How much stiffness do you have in your right knee when you wake up?
*1723=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1729(24). How much stiffness do you have in your right knee later in the day?
*1723=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1730(25). Do you ever have any pain, stiffness or discomfort in your left knee?
true

○ Yes ○ No

1731(26). How much pain do you have in your left knee when you are walking on a flat surface?
*1730=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1732(27). How much pain do you have in your left knee when you are going up or down stairs?
*1730=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1733(28). How much pain do you have in your left knee when you are laying down?
*1730=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1734(29). How much pain do you have in your left knee when you are standing upright?
*1730=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1735(30). How much stiffness do you have in your left knee when you wake up?
*1730=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1736(31). How much stiffness do you have in your left knee later in the day?
*1730=='Yes'

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

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Function (in the last month)

1737(1). How much difficulty do you have going up a filght of stairs?
true

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1738(2). How much difficulty do you have going down a flight of stairs?
true

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1739(3). How much difficulty do you have rising out of bed?
true

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1740(4). How much difficulty do you have getting in or out of the bath?
true

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1741(5). How much difficulty do you have getting in or out of the car or bus?
true

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1743(6). How much difficulty do you have (or would you have) with light housework such as dusting or sweeping?
true

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1742(7). How much difficulty do you have (or would you have) with heavy housework such as moving heavy boxes or srcubbing floors?
true

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1744(8). How much difficulty do you have dressing or undressing yourself?
true

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1745(9). How much difficulty do you have (or would you have) combing or brushing your hair?
true

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1746(10). How much difficulty do you have (or would you have) grocery shopping?
true

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

1747(11). How much difficulty do you have (or would you have) preparing food?
true

○ Extreme ○ Severe ○ Moderate ○ Mild ○ None

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Quality of Life (in the last month)

1748(1). How often have you changed social plans because of the discomrfort or anticipated discomfort in your knee (s) or hip(s)?
true

○ Constantly ○ Daily ○ Weekly ○ Monthly ○ Never

1749(2). How often have you changed work related plans because of the discomfort or anticipated discomfort in your knee(s) or hip(s)?
true

○ Constantly ○ Daily ○ Weekly ○ Monthly ○ Never

1750(3). How often are you aware of your knee or hip problem?
true

○ Constantly ○ Daily ○ Weekly ○ Monthly ○ Never

1751(4). How often does the discomfort in your knee(s) or hip(s) wake you up at night?
true

○ Every Night ○ 1 to 5 Times/Week ○ 1 to 5 Times/Month ○ <5 Times/Year

1752(5). How often does the discomfort in your knee(s) or hip(s) interfere with a routine activity?
true

○ Constantly ○ Daily ○ Weekly ○ Monthly ○ Never

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Emotional Well Being (in the last month)

1753(1). How satisfied have you been with your personal life?
true

○ extremely happy ○ very happy ○ satisfied ○ dissatisfied ○ very unhappy

1754(2). Have you been bothered by feeling nervous?
true

○ extremely often ○ quite often ○ some ○ very rarely ○ not at all

1755(3). Have you been under more stress than usual?
true

○ Constantly ○ Daily ○ Weekly ○ Monthly ○ Never

1756(4). Have you been in firm control of your feelings?
true

○ Constantly ○ Daily ○ Weekly ○ Monthly ○ Never

1757(5). Have you been in firm control of your behavior?
true

○ Constantly ○ Daily ○ Weekly ○ Monthly ○ Never

1758(6). Have you felt exhausted and worn out?
true

○ Constantly ○ Daily ○ Weekly ○ Monthly ○ Never

1759(7). Have you felt depressed?
true

○ Constantly ○ Daily ○ Weekly ○ Monthly ○ Never

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Sanofi-Aventis 2009

Multiple Sclerosis Question

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Lower Extremeties/Pyramidal Symtoms

1769(1). Do you have difficulty ambulating?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1770(2). Are you generally able to walk or run without any physical limitations?
*1769=='All Days'||*1769=='Most Days'||*1769=='Some Days'||*1769=='Few Days'

○ Yes ○ No

1771(3). Have you made changes in your work or lifestyle because of difficulty in walking?
*1769=='All Days'||*1769=='Most Days'||*1769=='Some Days'||*1769=='Few Days'

○ Yes ○ No

1772(4). Have you had to stop some strenuous activity because of difficulty walking?
*1771=='Yes'

○ Yes ○ No

1773(5). Do you need to park closer when you get to your destination than you used to?
*1771=='Yes'

○ Yes ○ No

1774(6). How often have you given up an activity such as long shopping trips, dancing, or hiking?
*1771=='Yes'

○ Never ○ Once a week or less ○ Several times a week ○ Every day

1775(7). Do you need to use a cane or support on one side when you walk more than 25 feet?
*1769=='All Days'||*1769=='Most Days'||*1769=='Some Days'||*1769=='Few Days'

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1776(8). Do you use a cane or support on one side only when you leave the house?
*1775=='All Days'||*1775=='Most Days'||*1775=='Some Days'||*1775=='Few Days'

○ Yes ○ No

1777(9). Do you use a cane or support on one side so that you don't seem "drunk"?
*1775=='All Days'||*1775=='Most Days'||*1775=='Some Days'||*1775=='Few Days'

○ Yes ○ No

1778(10). Do you need to use a cane or support on one side to walk less than 25 feet?
*1769=='All Days'||*1769=='Most Days'||*1769=='Some Days'||*1769=='Few Days'

○ Yes ○ No

1779(11). Do you need a cane or support on one side within the house as well as outside?
*1778=='Yes'

○ Yes ○ No

1780(12). Do you need a cane, walker, or support on both sides to walk 25 feet?
*1769=='All Days'||*1769=='Most Days'||*1769=='Some Days'||*1769=='Few Days'

○ Yes ○ No

1781(13). Do you need a cane, walker, or support on both sides to walk less than 25 feet?
*1769=='All Days'||*1769=='Most Days'||*1769=='Some Days'||*1769=='Few Days'

○ Yes ○ No

1782(14). Do you need a wheelchair if you have to walk more than 1 or 2 steps?
*1769=='All Days'||*1769=='Most Days'||*1769=='Some Days'||*1769=='Few Days'

○ Yes ○ No

1783(15). Does your walking disability fall into a different category other than those provided?
*1769=='All Days'||*1769=='Most Days'||*1769=='Some Days'||*1769=='Few Days'

○ Yes ○ No

1784(16). Do you notice a burning, tingling or numb sensation in one or more areas of your body?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1785(17). What part(s) of your body is most affected?
*1784=='All Days'||*1784=='Most Days'||*1784=='Some Days'||*1784=='Few Days'

○ Right arm ○ Right leg ○ Entire right side ○ Left arm ○ Left leg ○ Entire left side ○ Both sides ○ Face or neck

1786(18). How often does the numbness or tingling cause you to change an activity?
*1784=='All Days'||*1784=='Most Days'||*1784=='Some Days'||*1784=='Few Days'

○ Never ○ Once a week or less ○ Several times a week ○ Every day

1787(19). How often does the numbness or tingling cause you to give up an activity?
*1784=='All Days'||*1784=='Most Days'||*1784=='Some Days'||*1784=='Few Days'

○ Never ○ Once a week or less ○ Several times a week ○ Every day

1788(20). Do you have a problem with leg stiffness, uncontrolled bouncing of your feet, muscle cramping in your legs or arms?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1789(21). How often does the leg stiffness or muscle cramping cause you to change an activity?
*1788=='All Days'||*1788=='Most Days'||*1788=='Some Days'||*1788=='Few Days'

○ Never ○ Once a week or less ○ Several times a week ○ Every day

1790(22). How often does the leg stiffness or muscle cramping cause you to give up an activity?
*1788=='All Days'||*1788=='Most Days'||*1788=='Some Days'||*1788=='Few Days'

○ Never ○ Once a week or less ○ Several times a week ○ Every day

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Upper Extremity/Brainstem

1791(1). Do you notice any problems with your hands in the last month?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1792(2). Do you notice that you do not write as well as you used to?
*1791=='All Days'||*1791=='Most Days'||*1791=='Some Days'||*1791=='Few Days'

○ Yes ○ No

1793(3). Have you had to make some adjustments in your activities such as writing, typing, or crafts because of problems with your hands?
(*1791=='All Days')||(*1791=='Most Days')||(*1791=='Some Days')||(*1791=='Few Days')

○ Never ○ Once a week or less ○ Several times a week ○ Every day

1794(4). How often has your problem with your hands prevented you from doing an activity?
(*1791=='All Days')||(*1791=='Most Days')||(*1791=='Some Days')||(*1791=='Few Days')

○ Never ○ Once a week or less ○ Several times a week ○ Every day

1795(5). Have you had any problems with your speech in the last month?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1796(6). Do you notice that you don't speak as well as you used to?
(*1795=='All Days')||(*1795=='Most Days')||(*1795=='Some Days')||(*1795=='Few Days')

○ Yes ○ No

1797(7). Have you had to make some adjustments in your activities because of your problems with speech?
(*1795=='All Days')||(*1795=='Most Days')||(*1795=='Some Days')||(*1795=='Few Days')

○ Never ○ Once a week or less ○ Several times a week ○ Every day

1798(8). How often has your difficulty with speech prevented you from doing an activity?
(*1795=='All Days')||(*1795=='Most Days')||(*1795=='Some Days')||(*1795=='Few Days')

○ Never ○ Once a week or less ○ Several times a week ○ Every day

1799(9). Have you had any problems with swallowing food or liquid in the last month?

true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1800(10). Do you notice that you don't eat or drink the same foods as you used to because of difficulty swallowing?

```
(*1799=='All Days')||(*1799=='Most Days')||(*1799=='Some Days')||(*1799=='Few Days')
```

○ Yes ○ No

1801(11). Have you had to make some adjustments in the type of food you eat because of the difficulty with swallowing?

```
(*1799=='All Days')||(*1799=='Most Days')||(*1799=='Some Days')||(*1799=='Few Days')
```

○ Never ○ Once a week or less ○ Several times a week ○ Every day

1802(12). How often has your difficulty with swallowing prevented you from eating or drinking something?

```
(*1799=='All Days')||(*1799=='Most Days')||(*1799=='Some Days')||(*1799=='Few Days')
```

○ Never ○ Once a week or less ○ Several times a week ○ Every day

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Mental Status/Vision

1803(1). Have you had difficulty with memory or confusion in the last month?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1804(2). Do you notice that you don't recall things as well as you used to?
(*1803=='All Days')||(*1803=='Most Days')||(*1803=='Some Days')||(*1803=='Few Days')

○ Yes ○ No

1805(3). Have you had to make some adjustments in your activities because of your difficulty with memory or confusion?
(*1803=='All Days')||(*1803=='Most Days')||(*1803=='Some Days')||(*1803=='Few Days')

○ No ○ Once a week ○ Several times a week ○ Every day

1806(4). How often has your difficulty with memory or confusion prevented you from doing an activity?
(*1803=='All Days')||(*1803=='Most Days')||(*1803=='Some Days')||(*1803=='Few Days')

○ Never ○ Once a week or less ○ Several times a week ○ Every day

1807(5). Have you had problems with blurry or double vision in the last month?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1808(6). Do you notice that you cannot see as well as you used to?
(*1807=='All Days')||(*1807=='Most Days')||(*1807=='Some Days')||(*1807=='Few Days')

○ Yes ○ No

1809(7). Have you had to make some adjustments in your activities because of your problems with blurry or double vision?
(*1807=='All Days')||(*1807=='Most Days')||(*1807=='Some Days')||(*1807=='Few Days')

○ No ○ Once a week ○ Several times a week ○ Every day

1810(8). How often has your difficulty with vision prevented you from doing an activity, such as driving a car?
(*1807=='All Days')||(*1807=='Most Days')||(*1807=='Some Days')||(*1807=='Few Days')

○ Never ○ Once a week or less ○ Several times a week ○ Every day

1811(9). Have you had problems with controlling your bladder or bowels in the last month?
true

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1812(10). Do you notice that you can't control the sense of urgency or frequency to void?
(*1811=='All Days')||(*1811=='Most Days')||(*1811=='Some Days')||(*1811=='Few Days')

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1814(11). Do you notice that you have difficulty with soiling yourself?
(*1811=='All Days')||(*1811=='Most Days')||(*1811=='Some Days')||(*1811=='Few Days')

○ All Days ○ Most Days ○ Some Days ○ Few Days ○ No Days

1813(12). Have you had to make some adjustments in your activities because of your problems with controlling your bladder or bowel?
(*1811=='All Days')||(*1811=='Most Days')||(*1811=='Some Days')||(*1811=='Few Days')

○ No ○ Once a week ○ Several times a week ○ Every day

1815(13). How often does your difficulty controlling your bladder or bowel prevent you from doing an activity
(*1811=='All Days')||(*1811=='Most Days')||(*1811=='Some Days')||(*1811=='Few Days')

○ Never ○ Once a week or less ○ Several times a week ○ Every day

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Question	Answer

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Depression Questionnaire

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Depression/Sadness

1829(1). I am in good spirits
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1830(2). I feel hopeless
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1831(3). I feel helpless
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1832(4). I feel worthless
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

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Crying

1833(1). I feel like crying
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1834(2). I am tearful
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1835(3). I want to cry but I feel like I can't
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

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Failure

1836(1). I feel like I am a failure at work
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1837(2). I feel like I am a failure in my personal relationships
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1838(3). I feel like I can never succeed at anything
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

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Guilty

1839(1). I feel like I let people down
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1840(2). I feel guilty about bad things I have done in the past
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1841(3). I feel that I am sick because of bad things I have done in the past
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1842(4). I think about things that I have done in the past and regret
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1843(5). I feel like I am being punished for things I have done in the past
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

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Somatic Symptoms

1844(1). I feel like my heart is racing
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1845(2). I feel dizzy and sometimes feel like fainting
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1846(3). I have problems with indigestion
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1847(4). I feel constipated
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1848(5). I feel shaky
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1849(6). I have to go to the bathroom more frequently than I used to
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1850(7). I worry about how my body is functioning
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

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Fatigue

1851(1). I feel tired
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1852(2). I don't have as much energy as I used to
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1853(3). I feel like sleeping during the day
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

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Insomnia

1854(1). I have difficulty falling asleep at night
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1855(2). It usually takes me_____time to fall asleep at night
true

○ 10 to 30 minutes ○ 30 to 60 minutes ○ 1 to 2 hours ○ More than 2 hours

1856(3). I am restless when I sleep
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1857(4). I wake up in the middle of the night
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1858(5). I get out of bed in the middle of the night because I am restless
true

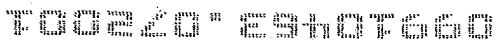
○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1859(6). I am unable to fall back to sleep once I get up in the middle of the night
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1860(7). I wake up much earlier than I need to get up in the morning
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never



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Work/Activities

1861(1). I have lost interest in my work
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1862(2). I have lost interest in activities that I used to enjoy
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1863(3). I don't spend as much time doing activities that I used to enjoy
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1864(4). It takes me longer to accomplish things at work than it used to
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

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Agitation

1865(1). I feel restless and fidgety
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1866(2). I pace because I have trouble sitting still
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1867(3). I feel irritable
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1868(4). I am nervous and near panic
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

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Focus Technologies

Mental Clarity

1869(1). I have problems concentrating
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1870(2). My mind is slow and dull
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1871(3). I have a hard time finishing a task that I start
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

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Libido/Menstruation

1872(1). I do not have the same level of interest in sex as I used to
true

○ All Days ○ Most Days ○ Few Days ○ My interest in sex has not changed

1873(2). I have completely lost interest in sex
true

○ All Days ○ Most Days ○ Few Days ○ My interest in sex has not changed

1874(3). I have noticed a significant change in my menstrual cycle
true

○ All Months ○ Most Months ○ Few Months ○ My menstrual cycle has not changed

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Suicide

1875(1). I feel like my life is not worth living
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1876(2). I think about trying to end my life
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1877(3). I wish I were dead
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1878(4). I think dying is the best solution for me
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

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DSM Criteria

1879(1). Do you experience any of the following for at least a 2 week period over the last six months?
true

1880(2). Depressed or irritable mood
true

○ Yes ○ No

1881(3). Diminished interest or pleasure
true

○ Yes ○ No

1882(4). Weight loss or weight gain
true

○ Yes ○ No

1883(5). Insomnia or hypersomnia
true

○ Yes ○ No

1884(6). Psychomotor agitation or retardation
true

○ Yes ○ No

1885(7). Fatigue or loss of energy
true

○ Yes ○ No

1886(8). Feelings of worthlessness or excessive guilt

true

○ Yes ○ No

1887(9). Decreased concentration or indecisiveness
true

○ Yes ○ No

1888(10). Thought of death, suicidal ideation, or suicide attempt
true

○ Yes ○ No

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Alzheimer Disease Questionnaire

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Memory

1889(3). I have trouble remembering other people's names
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1890(4). I have difficulty recognizing familiar faces
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1891(5). I have difficulty finding my way around the house
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1892(6). I have difficulty finding my way on familiar streets
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1893(7). I have difficulty remembering a short list of items
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1894(8). I have difficulty remembering what clothing I wore yesterday
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1895(9). I have difficulty remembering my telephone number
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1896(10). I have difficulty remembering where I left my glasses and/or keys
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1897(11). I have difficulty remembering the birthdays of family members
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1898(12). I have difficulty giving someone directions to my home
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1899(13). After leaving the house, I cannot remember whether or not I have locked the door
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1900(14). I have to be reminded of things that someone else has asked me to do
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1901(15). I have difficulty paying my bills
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

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Attention/Tasks

1902(1). I am interested in reading the newspaper and watching TV
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1903(2). I have difficulty recognizing my family and friends
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1904(3). I have trouble finding the right word or expressing myself
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1905(4). I have trouble with household tasks
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1906(5). I have difficulty handling money
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1907(6). I have trouble dressing and taking care of myself
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1908(7). I have trouble feeding myself
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1909(8). I cannot control my bowels and bladder
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1910(9). I have difficulty driving
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

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PDQ-39 Page 1 of 8

Parkinson Disease Questionnaire

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Intellectual Impairment

2089(1). I unexpectedly fall asleep during the day
true

○ Yes ○ No

2090(2). I have problems concentrating
true

○ Yes ○ No

2091(3). I feel that my memory is bad
true

○ Yes ○ No

2092(4). Sometimes I forget what time it is
true

○ Yes ○ No

2093(5). Sometimes I forget where I am
true

○ Yes ○ No

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Thought Disorder

2094(1). I have distressing dreams or hallucinations
`true`

○ Yes ○ No

2095(2). These hallucinations interfere with my daily activities
`*2094=='Yes'`

○ Yes ○ No

2109(3). These hallucinations occur constantly
`(*2094=='Yes')`

○ Yes ○ No

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Depression

2110(1). On some days, I feel more sad and guilty than I used to
true

○ Yes ○ No

2111(2). I feel sad and guilty for weeks at a time
(*2110=='Yes')

○ Yes ○ No

2112(3). Sometimes I feel isolated and lonely
true

○ Yes ○ No

2113(4). Sometimes I feel weepy and tearful
true

○ Yes ○ No

2114(5). Sometimes I feel angry and bitter
true

○ Yes ○ No

2115(6). Sometimes I feel anxious
true

○ Yes ○ No

2116(7). Sometimes I feel worried about the future
true

○ Yes ○ No

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Motivation and Initiative

2117(1). I feel less assertive and more passive than I used to
true

○ Yes ○ No

2118(2). I have lost interest in my day to day activities
true

○ Yes ○ No

2119(3). I feel withdrawn from my daily activities and completely unmotivated
true

○ Yes ○ No

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Speech

2120(1). Other people have no difficulty understanding my speech
true

○ Yes ○ No

2121(2). Sometimes other people ask me to repeat what I have said
true

○ Yes ○ No

2122(3). Other people frequently ask me to repeat what I have said
true

○ Yes ○ No

2123(4). Other people rarely understand what I have said
true

○ Yes ○ No

2125(5). I feel that I am unable to communicate properly
(*2123=='Yes')

○ Yes ○ No

2124(6). I feel that other people ignore me
true

○ Yes ○ No

2126(7). Other people tell me that my voice is softer than it used to be
true

○ Yes ○ No

2127(8). I feel that I am unable to commmunicate properly
(*2126=='Yes')

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○ Yes ○ No

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Salivation

2128(1). I feel that I have excess saliva in my mouth
true

○ Yes ○ No

2129(2). I tend to drool at night
true

○ Yes ○ No

2130(3). Sometimes I drool during the day
true

○ Yes ○ No

2131(4). I feel like I am constantly drooling and must always have a tissue with me
(*2130=='Yes')

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Swallowing

2132(1). On rare occasions, I feel like I am choking
true

○ Yes ○ No

2133(2). I occasionally feel like I am choking
true

○ Yes ○ No

2134(3). I can only eat soft foods, otherwise I will choke
true

○ Yes ○ No

2135(4). I have to have tube feeds, otherwise I will choke on my food
true

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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T00220 "Shot60

Handwriting

2136(1). My handwriting is the same as it has always been
true

○ Yes ○ No

2137(2). My handwriting is smaller than it once was
(*2136=='No')

○ Yes ○ No

2138(3). I write more slowly than I once did
(*2136=='No')

○ Yes ○ No

2139(4). Other people can easily read my handwriting
true

○ Yes ○ No

2140(5). Other people sometimes have difficulty reading my handwriting
true

○ Yes ○ No

2149(6). Other people cannot read most of my handwriting
true

○ Yes ○ No

CONTINUE ► ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback
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Cutting Food and Using Utensils

2150(1). I have no difficulty in using a knife
true

○ Yes ○ No

2151(2). I feel slow and clumsly while using a knife, but I do not require any help
true

○ Yes ○ No

2152(3). Although I feel slow and clumsy, I am able to cut most of my food and only require help occasionally
true

○ Yes ○ No

2153(4). Someone else has to cut my food for me, but I am able to feed myself slowly
true

○ Yes ○ No

2154(5). I am completely unable to feed myself
true

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Dressing

2155(1). I have no difficulty in getting dressed
true

○ Yes ○ No

2156(2). I get dressed slowly, but I don't need any help from anyone else
true

○ Yes ○ No

2157(4). I occasionally need help with buttoning and getting my arms in my sleeves
true

○ Yes ○ No

2158(5). I need a lot of help with getting dressed, but there are some things that I can do by myself
true

○ Yes ○ No

2159(6). I cannot put on any of my clothing without the help of someone else
true

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback
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Hygiene

2160(1). I have no difficulty showering or bathing
true

○ Yes ○ No

2161(2). It takes me longer than it used to to shower and bathe, but I can still do it without any help
true

○ Yes ○ No

2162(3). I need help in order to take a shower or bath
true

○ Yes ○ No

2169(4). I need help with washing up, brushing my teeth, combing my hair and going to the bathroom
true

○ Yes ○ No

2170(5). I need to have a Foley catheter because I cannot go to the bathroom on my own
true

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Turning in Bed

2171(1). I have no difficulty moving around in my bed
true

○ Yes ○ No

2172(2). I feel somewhat slow and clumsy moving around in my bed, but I don't require any help
true

○ Yes ○ No

2173(3). I can only adjust my sheets or turn over in my bed with great difficulty
true

○ Yes ○ No

2174(4). I can only start to turn over in my bed, but cannot complete the move alone
true

○ Yes ○ No

2175(5). I am completely unable to turn over in bed
true

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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T0026 - Shot66

Falling

2176(1). I never fall
true

○ Yes ○ No

2177(2). I rarely fall down
true

○ Yes ○ No

2178(3). I fall down on occasion, but no more than once a day
true

○ Yes ○ No

2179(4). I fall down about once a day
true

○ Yes ○ No

2180(5). I fall down more than once a day
true

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback
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Freezing

2181(1). I never freeze while I am walking
true

○ Yes ○ No

2182(2). Sometimes I hesitate right as I start to walk
true

○ Yes ○ No

2183(3). I occasionally freeze while I am walking
true

○ Yes ○ No

2184(4). I frequently freeze while I am walking
true

○ Yes ○ No

2185(5). I frequently freeze while I am walking and this results in my falling
true

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback
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Walking

2186(1). I walk the same way that I always have
true

○ Yes ○ No

2187(2). I can no longer walk half a mile
(*2186=='No')

○ Yes ○ No

2188(3). I can no longer walk 100 yards
(*2186=='No')

○ Yes ○ No

2189(4). While I am walking I have some difficulty swinging my arms or dragging my legs
true

○ Yes ○ No

2209(5). I have difficulty walking around the house, but I don't require any assistance
true

○ Yes ○ No

2211(6). I cannot walk without assistance
true

○ Yes ○ No

2210(7). I cannot walk at all, even with assistance
true

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback
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Tremor

2212(1). I don't have tremors anywhere in my body
`true`

○ Yes ○ No

2213(2). Infrequently I have tremors
`(*2212=='No')`

○ Yes ○ No

2214(3). I have tremors that are bothersome to me
`(*2212=='No')`

○ Yes ○ No

2216(4). I have tremors that interfere with my activities
`(*2212=='No')`

○ Yes ○ No

2215(5). I have tremors that interfere with everything that I try to do
`(*2212=='No')`

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Topic Started

Sensory Impairment

2217(1). I occasionally experience numbness, tingling or mild aches
true

○ Yes ○ No

2218(2). I frequently experience numbness, tingling or aching but it is not painful
true

○ Yes ○ No

2219(3). I have frequent painful sensations
true

○ Yes ○ No

2220(4). I am frequently in excruciating pain
true

○ Yes ○ No

CONTINUE ► ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback
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T0020 eSnet60

Miscellaneous ADL

2221(1). I have difficulty doing the leisure activities that I once enjoyed
true

○ Yes ○ No

2222(2). I have difficulty performing the housework, cooking and yardwork
true

○ Yes ○ No

2223(3). I have difficulty carrying shopping bags
true

○ Yes ○ No

2224(4). I feel more confined to my house than I would like
true

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Stigma of Parkinson's Disease

2225(1). I try to avoid situations that involve eating or drinking in public
true

○ Yes ○ No

2226(2). I feel embarrassed in public
true

○ Yes ○ No

2227(3). I feel worried about other people's reaction to me
true

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback
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Social Support

2228(1). I now have problems with close personal relationships
true

○ Yes ○ No

2229(2). I receive the support that I need from my partner or spouse
true

○ Yes ○ No

2230(3). I receive the support that I need from my family and close friends
true

○ Yes ○ No

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Toolbar Shortcuts

Please review the info you entered:

Question	Answer

Submit

Feedback

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Redacted

Mania Questionnaire

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T0020 Shotted

Mania

1912(1). I am constantly active and restless
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1913(2). I do not feel that I am any more active or restless than other people
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1914(3). Even if I try to, I am unable to sit still
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1915(4). I am very talkative
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1916(5). I do not talk any more than other people do
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1917(6). I tend to dominate conversations
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1918(7). When I am speaking, I tend to talk about many topics at once
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1919(8). I have trouble concentrating on one idea at a time
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1920(9). I tend to speak loudly
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1921(10). I sometimes have to shout or scream because I am hoarse
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1922(11). My voice is no louder than that of others
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1923(12). I find myself to be impatient and irritable
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1924(13). I think that other people perceive me as being either verbally or physically threatening
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1925(14). Sometimes I think that I threaten other people, but I would never harm them
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1926(15). Sometimes when I am angry I hit things
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1927(16). I am optimistic
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1928(17). I tend to joke and laugh a lot
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1929(18). I am an extremely happy person
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1930(19). I think highly of myself
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1931(20). I think that I am better than most other people
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1932(21). I do not think that I am any better than anyone else
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1933(22). I am very interested in other people's lives
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1934(23). I like to give other people advice
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1935(24). I usually sleep
true

○ 0-1 hour per night ○ 2-4 hours per night ○ 5-6 hours per night ○ 7-8 hours per night

1936(25). I think about sex all of the time
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1937(26). I have an increased interest in sexual activity
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1938(27). There has been no change in my sexual interest and activity
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1939(28). I have an increased drive at work
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1940(29). I have difficulty judging the quality of my own work
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1941(30). I am extremely motivated at work, but the quality of my work does not always reflect this
true

○ All Days ○ Most Days ○ Few Days ○ Almost Never

1942(31). I know that I could achieve more at work, but I am often sick
true

Tobacco Smoker

○ All Days ○ Most Days ○ Few Days ○ Almost Never

CONTINUE ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Please review the info you entered:

Question	Answer

Submit

Feedback

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SCANNED,# 20

Anxiety Questionnaire

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Symptoms/Categories

1949(1). I feel tense, worried and uneasy
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1950(2). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1951(3). I anticipate the worst and feel as if something awful is going to happen
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1952(4). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1953(5). I feel irritable
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1954(6). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

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Tension

1955(1). I feel tense
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1956(2). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1957(3). I cry easily
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(4). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1959(5). I feel restless
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1960(6). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1961(7). I am unable to sit at ease and feel relaxed
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(8). This interferes with my ability to function
true

○ **Extremely** ○ **Quite a bit** ○ **A little bit** ○ **Not at all**

CONTINUE ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Fears

1962(1). I feel frightened in general
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1969(3). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1970(4). I feel afraid of the dark
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1950(5). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1971(8). I feel afraid of strangers
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1960(9). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1972(10). I am afraid of being left alone
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1960(11). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1973(12). I am afraid of animals
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1969(13). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1974(14). I am afraid of traffic
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1954(15). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1975(16). I am afraid of crowds
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1969(17). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

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Insomnia

1854(1). I have difficulty falling asleep at night
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1976(2). This interferes with my ability to function during the day
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1977(3). I wake up during the middle of the night
true

○ All Nights ○ Most Nights ○ Few Nights ○ Hardly Ever ○ Never

1978(4). I feel tired when I wake up in the morning
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1976(5). This interferes with my ability to function during the day
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1979(6). I have nightmares
true

○ All Nights ○ Most Nights ○ Few Nights ○ Hardly Ever ○ Never

1976(7). This interferes with my ability to function during the day
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1980(8). I have night terrors
true

○ All Nights ○ Most Nights ○ Few Nights ○ Hardly Ever ○ Never

1976(9). This interferes with my ability to function during the day
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Cognitive/intellectual

1981(1). I have difficulty concentrating
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(2). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1982(3). I have difficulty remembering things
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Depressed mood

1983(1). I have lost interest in the things that I used to enjoy
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(2). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1984(3). I feel sad and depressed
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(4). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1985(5). I feel hopeless
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(6). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1986(7). My energy level is lower than usual
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(8). This interferes with my ability to function
true

○ **Extremely** ○ **Quite a bit** ○ **A little bit** ○ **Not at all**

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Somatic/Musculoskeletal

1987(1). I have muscle aches and pains
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(2). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1988(3). I have muscle twitches
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(4). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1989(5). My muscles feel stiff and tense
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(6). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1990(7). I grind my teeth
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

Focal Shot

1958(8). This interferes with my ability to function
true

○ **Extremely** ○ **Quite a bit** ○ **A little bit** ○ **Not at all**

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Somatic/Sensory

1991(1). I have ringing in my ears
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(2). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1992(3). My vision is blurred
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(4). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1993(5). I have hot and/or cold flashes
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(6). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1994(7). I feel a "pins and needles" sensation in my body
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(8). This interferes with my ability to function
true

○ **Extremely** ○ **Quite a bit** ○ **A little bit** ○ **Not at all**

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Cardiovascular

1995(1). My heartbeat feels faster and louder than usual
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(2). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1996(3). I have chest pain
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(4). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1997(5). I feel faint
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(6). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

1998(7). My heart feels like it is skipping beats
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(8). This interferes with my ability to function
true

○ **Extremely** ○ **Quite a bit** ○ **A little bit** ○ **Not at all**

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Respiratory

1999(1). I have difficulty breathing
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(2). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2000(3). I feel shortness of breath
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(4). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2001(5). I feel a tight sensation in my chest
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(6). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2002(7). I feel like I am choking
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(8). This interferes with my ability to function
true

○ **Extremely** ○ **Quite a bit** ○ **A little bit** ○ **Not at all**

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Gastrointestinal

2003(1). I have difficulty swallowing
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(2). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2004(3). I feel gassy
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(4). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2005(5). I get stomach aches
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(6). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2006(7). I have heartburn
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(8). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2007(9). I feel bloated
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(10). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2008(11). I feel nauseous
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(12). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2009(13). I have been vomitting
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(14). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2010(15). I am constipated
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(16). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2011(17). I have diarrea
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(18). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

CONTINUE ▶ ○ Deploy ○ Normal ○ Expanded ◉ Full Details

Feedback

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Genitourinary

2012(1). I have to urinate more often than usual
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1954(3). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2013(4). I have lost interest in sex
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1954(6). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2014(7). I have difficulty getting and maintaining an erection (male)
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1954(9). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2015(10). I have premature ejaculation (male)
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1954(12). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2029(13). I have difficulty becoming sexually aroused (female)
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1954(15). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2030(16). My periods are irregular (female)
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1954(17). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2031(18). My periods are heavier and longer than usual
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1954(19). These feelings interfere with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

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Atonomic

2049(1). I have a dry mouth
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(2). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2050(3). I feel hot and flushed
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(4). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2051(5). I have been sweating more than usual
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(6). This interferes with my ability to function
true

○ Extremely ○ Quite a bit ○ A little bit ○ Not at all

2069(7). I have headaches
true

○ All Days ○ Most Days ○ Few days ○ Hardly Ever ○ Never

1958(8). This interferes with my ability to function
true

○ **Extremely** ○ **Quite a bit** ○ **A little bit** ○ **Not at all**

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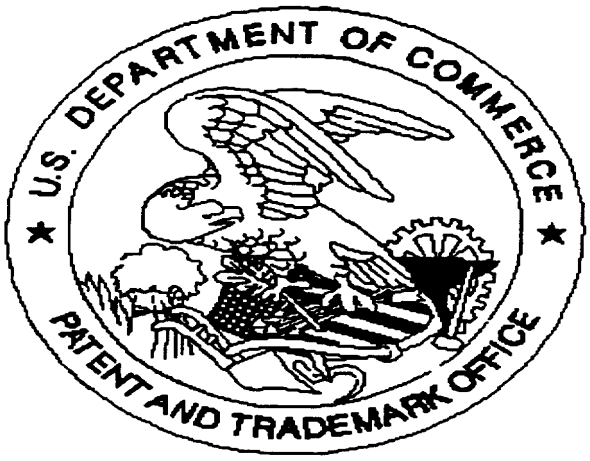

Page 2 of 3 pages

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■ Appendix II only 158 pages, not 159

☑ ***Scanned copy is best available.*** Drawings